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COURSE OF LECTURES
ON
DISEASES OF THE SKIN;
THEIR
HISTORY, PATHOLOGY, AND TREATMENT.

Delivered in the Middlesex Hospital, during the Summer Session, 1842, *by*

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LECTURE XXV

DIAGNOSIS OF ECZEMA.

ECZEMA is an eruption that is easily distinguished; and yet I have seen it mistaken. It is one of three vesicular diseases, the others being herpes and sudamina. Now, the vesicles of herpes are recognised by their large size, their disseminated distribution, and frequently by their annular arrangement. The vesicles called sudamina are associated with profuse perspirations; they also are larger than the vesicles of eczema; they are isolated, scattered, and unattended with redness of the skin. The vesicles of eczema, on the other hand, are recognised by their small and oftentimes minute size, their aggregation in clusters, their frequent confluence, and the large quantity of discharge which the excoriations which follow them pour out. There is, however, a form of eczema in which the vesicles are scattered, single, and few in number, and in this state the eruption bears a close resemblance to scabies, scabies in point of fact being an eczematous eruption occasioned by, and superadded to, the irritation caused by parasitic animalcules inhabiting the epidermis. I have already described this form of eruption, and need not advert to it again. The diagnosis between it and scabies is founded on the presence or absence of the acarus scabiei.

Eczema simplex and eczema rubrum, in their most distinctive forms, are widely different from each other; but as they are simply degrees of inflammation, there is a broad neutral ground on which they merge imperceptibly the one into the other. The same remarks are applicable to eczema impetiginodes; in one spot the appearances are those of eczema simplex; in another, eczema rubrum is perfect; while in a third appearances are so hybrid as to lead to an uncertainty, whether the characters of eczema or of impetigo preponderate,—hence the designation of this form of disease. Oftentimes I have had occasion, when I have seen this disorder in its crusted stage upon the face, to ask myself, Is it an eczema? Or is it an impetigo? Again, for similar reasons to those I have already stated, an eczema simplex may, by an increase of inflammation or by mismanagement, become an eczema rubrum or eczema impetiginodes.

Chronic eczema may be mistaken for lichen agrius, or for psoriasis; but this error will be avoided by recollecting the elementary form of the three diseases. In eczema chronicum there are generally some traces of vesicles. In lichen agrius there are always indications of papulæ. In psoriasis the squamæ consist of altered epidermis, and are not scabs formed by desiccated secretions, or mere exfoliations of desquamating epidermis. Again, the cracks and chaps of both eczema and lichen are moist and ichorous; while those of psoriasis are always dry, and as though dusted by a minute furfur.

Eczema capitis, the humid scall, constitutes a considerable proportion of the ringworms of popular report; eczema, the moist scall; impetigo or the crusted scall; a scaly disease termed pityriasis; and the true ringworm, or favus, are the four principal diseases of the scalp, of which the two last are the least frequent. The two first are the scalled heads so frequently met with in practice; they are distinguished, to a certain extent, by the appearances conveyed in their designations, *moist* and *crusted*, but both are in their latter stage crusted. Better terms than these would be *vesicular scall* and *pustular scall*, for their elementary form can generally be ascertained, excepting when the disease has assumed the chronic character. It is not uncommon to find the two forms of scall combined, and in that case the disease is an eczema impetiginodes; or it may be

that the impetigo predominates, and the eczema is superadded, a state that might be denominated impetigo eczematosa; but these are points of insignificant importance in diagnosis and none in practice. The object should be to determine the preponderating form. From all the three other affections of the scalp eczema is distinguished by the presence of vesicles; in impetigo the eruption consists of pustules; in pityriasis there is no eruption, but a superabundant formation of epidermic scales, while the yellow cup-like crusts of favus are dissimilar to all. It is true that herpes sometimes occurs on the scalp, but by no means frequently, and when it does its characters are very different from those of eczema.

Some of the local forms of eczema, as, for instance, eczema aurium et mamillarum, bear a close resemblance to erythema intertrigo, in the inflammation of the skin, and the effusion of an abundant ichorous or puriform discharge; but they differ from the latter, when more carefully examined, by presenting either vesicles or the remains of vesicles in the neighbourhood of the disease. When such indications of vesicles are absent the case must be regarded as an undoubted erythema. But so far as practice is concerned, the distinction is unimportant, for the treatment is the same in both cases.

Causes.—The causes of eczema may be referred to two heads, constitutional and local. The former embrace all those abnormal states of the system, which may be referred to hygienic influence, such as alterations of season, temperature, and the hygrometric condition of the atmosphere. Other causes belonging to the same group are such as depend upon disturbance of the nutritive or nervous functions; for instance, irritation of the alimentary canal, disorder of the kidneys, uterine irritation in its various forms, dentition, mental depression, anxiety, &c. Bad and improper food, again, is not an uncommon cause of this eruption, particularly in persons of scrofulous habit.

As respects period of life, eczema is most frequently met with in children, and in them, in the greater number of cases, is developed on the face and scalp, and it occurs more commonly in the female than it does in the male.

Besides the general causes which occasion this disease, there are numerous local excitants, such as heat and cold, friction, and irritating substances of every kind. A well-known vesicular eruption occurring on the backs of the hands, in females particularly, has been denominated by Willan, for an obvious reason, *eczema solare*. Another form of vesicular disease appearing about the wrists and on the backs of the hands of grocers, and occasioned by the prolonged contact of sugar, has been termed the *grocer's itch*. Dry and powdery substances of different kinds produce a similar effect. The eczematous eruption developed around the seat of a blister on delicate skins is well known; as is that also, which occurs beneath and around a Burgundy-pitch plaster in persons of excitable nervous system. I have seen a copious eruption of eczema follow the application of the compound sulphur ointment, and I am in the habit of explaining the occasional transmission of this disorder from one person to another by reference to the irritation caused by the contact of the morbid secretion with the skin of a sound person.

Prognosis.—Eczema is a disease so wholly dependent on the nature of the cause that produces it, that our deductions as to its curability must be entirely determined by the latter. It is frequently obstinate, because the cause is one not easily removed; often it ceases spontaneously, as soon as the primary disorder is cured. Sometimes eczema performs the part of a derivative, and protects the system against a disposition to disease that might otherwise burst forth in a more important part; and at other times the discharge, maintained for a considerable period, becomes a necessary part of the sources of waste to the economy, and must be checked guardedly.

Treatment.—The treatment of eczema should be antiphlogistic, apportioning the energy of the remedies to the activity of the disease and taking into consideration the particular causes which may be excitant of the disease. When the eruption assumes a mild form and the local inflammation is moderate, diluents and laxatives of neutral salts will be all the general treatment required. But when it assumes the exalted characters of eczema rubrum or eczema impetiginodes, it will be necessary to act upon the alimentary canal more freely, and, if the strength of the patient permit, to withdraw a few ounces of blood from the arm.

The symptomatic forms of the disease require medication of the organ which is the exciting cause of the disease. It may be the alimentary canal or liver. The kidneys are not unfrequently the source of the morbid action; or it may be necessary to direct your treatment to the uterus. In each of these cases you would employ the remedies which are applicable to disease in these organs.

Eczema in its chronic form exhausts our trials, conducted on general antiphlogistic principles; and it becomes necessary to have recourse to alteratives and endeavour to modify the state of constitution by various means. The medicines best calculated to effect these objects are, the hydriodate of potash, mercury, liquor arsenicalis, tincture of cantharides, &c. The two latter medicines require to be watched with care, and intermitted or stopped the instant that any unpleasant symptoms appear to result from their use. The best formula for the exhibition of the tincture of cantharides is one in which that medicine is combined

with tincture of camphor and tincture of bark.

In cases, where the powers of the constitution are reduced, a tonic plan of treatment must be substituted for the antiphlogistic, and a more generous diet and regimen employed.

In the local treatment of eczema it may be sometimes useful to remove blood by leeches or puncture; the bleeding being encouraged by warm fomentations or water-dressing. The local warm bath or vapour bath is also very serviceable in these cases. After the inflammation is reduced, you may employ some gentle stimulant, such as a lotion of zinc, a weak solution of nitrate of silver, an alkaline lotion, or one of sulphuret of potash. A pleasant application to the surface at all periods of the course of the local disease is the liquor plumbi ointment; it relieves the pruritus which attends the eruption, and produces a sedative effect on the excited nerves of the part. For the same purpose the emulsion of bitter almonds, the hydrocyanic-acid lotion, an opiate lotion, camphor mixture, chlorate of potash lotion, or an infusion of dulcamara, are useful.

In the chronic state of eczema a variety of local remedies have been applied with various results. The chief of them are, the oxide of zinc ointment, ointment of nitrate of silver, calamine ointment, sulphate of copper ointment, tannin ointment, and ointments of white and red precipitate, calomel, carbonate of lead, tar, sulphur, iodine, and mercury. A weak lotion of the bichloride of mercury or lime-water is also occasionally useful. In cases of long standing it is sometimes necessary to set up a new action in the diseased part, either by the application of a blister upon the surface or by means of a saturated solution of bichloride of mercury pencilled on the disease. In these cases, moreover, it is often judicious to prevent any ill effects resulting from the sudden cure of a long-standing disease by the application of counter-irritants, such as the croton oil, to a neighbouring surface of skin.

Two new remedies have been lately introduced into continental practice for the treatment of chronic diseases of the skin, and particularly of eczema. They are compounds of potash, with coal and soot, the former being termed anthracokali, and the latter fuligokali. Anthracokali was originally administered internally, but was found to give rise to unpleasant symptoms; it is now employed as an ointment, and appears to be nothing more than a common stimulant of the milder sort, owing, probably, all its powers to the potash which it contains. Soot possesses more numerous ingredients than coal, and has been long used as an empirical remedy in some diseases of the skin. According to Gibert, the ointment of fuligokali is resolutive, detersive, and stimulant, and it is certainly a more efficient remedy than anthrakokali.

Fuligokali is made by boiling together 100 parts of soot, with 20 parts of caustic potash in solution in water. The fluid is evaporated and filtered, and the salt dried and collected. The ointment of fuligokali should contain from twenty to thirty grains of the salt to an ounce of lard.

SUDAMINA; MILIARY VESICLES.

Sudamina are small vesicles developed on the skin, under the influence of an elevated temperature of the system, but without inflammation. They have been compared, in point of size, to millet-seeds, and hence have been termed miliary vesicles, and the disorder *miliaria*. When first developed they are transparent, and filled with a limpid serous fluid. In this state the congested dermis shining through the colourless fluid gives them a pinkish hue, and occasions the distinction implied in the term *miliaria rubra*. In the course of twenty-four hours, however, the fluid becomes milky and opake, and then the vesicles have received the designation of *miliaria alba*. Sudamina occur, for the most part, on the trunk of the body, particularly on its under side, or beneath a flannel covering, if such have been worn. They run a course of three or four days, and terminate either by disruption and desiccation, and so form a thin scab, which speedily falls, or by absorption of the contained fluid. The vesicles vary very considerably in point of number, but are always discreet, and more or less disseminated over the surface.

The term sudamina applied to these vesicles has reference to their production under a state of elevated temperature of the skin, a state which is usually associated with copious perspirations; hence we find them very frequently developed in fevers and acute rheumatism. They sometimes accompany diseases in which there is considerable congestion of the skin, such as rubeola, scarlatina, and small-pox; and one form of erythema, *erythema miliare*, is distinguished by the presence of these vesicles. The agency of heat in the production of sudamina explains their more frequent occurrence in the summer than the winter season, and in persons possessing a high degree of susceptibility in the skin.

During the latter half of the seventeenth and nearly the whole of the eighteenth century, we read much of miliaria or miliary fever in the medical writings of the period; and we are informed that this disease prevailed epidemically, and was dangerous and fatal in its consequences. De Haen, of Vienna, about the middle of the last century, endeavoured to prove, that there was no specific fever accompanied by an eruption of vesicles, and that these and the severe symptoms which the fever assumed at that period

were the direct consequences of the heating system of treatment which was employed.

For the complete disabuse of the public mind, however, with regard to this fever we are indebted to the improved principles of treatment introduced into medical practice by Sydenham,—the substitution of the cooling antiphlogistic method for the heating and exciting plan which was previously in use. Miliary fever has altogether disappeared before the enlightened doctrines of modern medicine, and the disease is at the present day unknown. Sudamina, it is true, appear from time to time, and must continue to be seen in association with febrile diseases; but the fever of invasion, eruption, and maturation of miliaria can exist no more.

Among writers on skin diseases miliaria has continued to obtain a description almost to the present time. Wilson gives the usual account of the chills, heats, anxiety, sighings, profuse sweats of a sour scent, with pricking sensations preceding the little round vesicles. Willan describes a summer fever, in the course of which vesicles are developed on the surface of the skin, but regards the symptom as the disease. Bateman, however, views the eruption in its true light, and looks upon miliary vesicles as "invariably symptomatic" of some feverish state of the body. The duration of the eruption is necessarily dependent on the state of the system and the treatment pursued; for when, as Sir Richard Blackmore remarks, the patient lay "drowning in sweats," it was by no means uncommon to find the eruption repeated several times successively, and the disease lasting for nearly fifty days.

"It is scarcely necessary now," writes Bateman in his Synopsis, "to enter into any detail of proofs, that the miliary eruption is the result of a highly heated and perspiring state of the skin; and that, in its severe and fatal degree, it is solely the effect of a stimulating regimen in a confined atmosphere. The almost total annihilation of the disease of late years, since the general adoption of a better practice, is of itself unequivocal evidence of its origin." "Hippocrates, whose mode of treatment in febrile diseases was not calculated to produce excitement, has once or twice but casually mentioned the miliary eruption. And again, at the latter part of the seventeenth century, when, in the practice of the majority of physicians, the miliary fever was a frequent and fatal occurrence, Sydenham witnessed no such fever, but mentions the occasional appearance only of miliary vesicles, which he ascribes to their proper cause."

But it is in the puerperal state more than almost any other, that we find the conditions which, if abused, are calculated to be productive of the eruption of miliary vesicles. This is the febris puerperarum miliaris of the older writers. Bateman remarks with regard to it, that "among the various circumstances under which the miliaria was formerly excited, the puerperal state appears to have been most frequently the source of it, insomuch that it was first described as an epidemic among puerperal women." This is sufficiently accounted for by the treatment, which was unhappily pursued during the confinement after childbirth, and of which an impressive description is given by Mr. White. "For not only was the mother immediately loaded with bedclothes, from which she was not allowed to put out 'even her nose,' and supplied with heating liquors from the spout of a teapot; but to her room, heated by a crowd of visitors and a fire, all access of air was denied, even through a keyhole. From these causes fever was almost necessarily induced, with the most profuse sweats, oppression, anxiety, and fainting; and these, again, were aggravated by spicy caudles, spirits, opiates, and ammoniacal medicines. That numbers should perish under such management, with every symptom of malignity, and that many who survived it should escape with broken constitutions, will surprise no person who is acquainted with the baneful influence of over-excitement in febrile complaints."

In a note appended to this account we find the following:—Mr. White observes that a woman in childbed is so much exhausted by the mode of treatment before described, "that the highest cordials have been necessary to support her; nay, I have been credibly informed (he adds) that under these circumstances a patient has sometimes drunk a gallon of wine in a single day, exclusive of brandy, and of the cordials from the apothecary's shop, and all this, too, without intoxication."

Diagnosis.—The distinction of sudamina from other vesicular eruptions is by no means difficult. They are larger than the vesicles of eczema, and smaller than those of herpes, and at the same time differ from both in the absence of inflammation of the skin. Other characters which distinguish sudamina are their occurrence on the trunk of the body, their dissemination, and their separate location, however numerous they may chance to be. You must recollect, too, that sudamina are, for the most part, developed in persons occupying their beds from pre-existing disease; in those too warmly covered with bedclothes; in the summer season; or in patients suffering from disease, in which there is considerable perspiration from the skin.

Cause.—Concerning the cause of sudamina medical authorities are now decided; they are the consequence of an unusually heated state of the skin in persons whose nervous system is debilitated by the presence or continuance of disease. The latter condition, namely, debility or exhaustion of the peripheral nerves, exists more frequently as a

predisposing cause of cutaneous eruptions than we are perhaps aware. This belief has in many instances served to modify my treatment in these disorders, and with decided benefit. Sudamina are sometimes occasioned by a draught of cold water when the surface is warm.

Prognosis.—From the description which I have just given you of sudamina it is clear that your opinion as to its issue must be determined solely by the nature of its cause. It is at all times a symptom merely, and never rises to the importance of a disease. When the cause is not immediately apparent, it might perchance by mistake be considered as an eruptive disease, and fatality of the cause might, improperly, be referred to the effect.

Treatment—The treatment of sudamina must be directed to the disease of which they are symptomatic. The general principles which should guide us in our treatment of them, when the primary disease is unimportant, are a cooling regimen, gentle laxatives, ventilation of the apartment, reduction in the coverings of the body, and sponging the surface with tepid water.

CHANGES OF MERCURIALS IN THE SYSTEM.

The fact that calomel could be converted into corrosive sublimate, in the system, was known many years ago. But the exact circumstances of this transformation were not sufficiently understood. Mialhe, in an elaborate set of experiments on the subject (Ann. de Chimie, v. 160), says, the action occurs when calomel is brought in contact with a solution of an alkaline chloride, that the quantity of sublimate formed is in proportion to the amount of alkaline chloride present, and the action increases in proportion to the concentration of the alkaline chloride. His experiments were made with common salt and sal-ammoniac. The action is much increased by the presence of air and dextrine, but is retarded by fat and gum. By simply boiling calomel in distilled water, sublimate is formed. Mialhe extended his observations to all the compounds of mercury, and obtained similar results. He concludes that it is corrosive sublimate which is the active agent in medicine. If this idea should be confirmed, it should lead to the substitution of this form of mercury for all the others. The same chemist recommends the hydrated proto-sulphuret of iron as a complete antidote to corrosive sublimate. To prepare it, copperas is to be precipitated with hydrosulphuret of sodium, the precipitate washed and preserved in an air-tight bottle.—*Dr. R. D. Thomson in Proceedings of Glasgow Philosophical Society*, No. 4.

CLINICAL LECTURES

ON CASES OF

DISEASES OF THE NERVOUS SYSTEM;

DELIVERED AT KING'S COLLEGE HOSPITAL

(*During the Summer Session*, 1843).

BY

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Lecture IV.

LOCAL HYSTERIA.

In many women the characters of the hysterical state of constitution are manifestly present; but the hysterical paroxysm rarely, or never, breaks out. The patient is more or less troubled with globus; she may have *threatenings* of a paroxysm, and, perhaps, her strength of mind may be sufficient to enable her to ward it off. It is a popular notion, that it would be better for such a patient to let the fit pass off and have done with it—to give free vent to her feelings, and so to gain complete relief—than to go on from time to time opposing their outbreak, thereby keeping up a state of general excitement, which, like one of continual watching, must have a most debilitating influence upon the system. I am not sure that this view is not the correct one; certain it is, that there is frequently great difficulty in finding proper remedies for the peculiar symptoms which arise in women who are thus circumstanced. It is in such women that hysteria is frequently apt to show itself by affecting some limited portion of the body; it becomes, as it were, localised to some particular spot; and hence it may not be inappropriately distinguished as *local* hysteria. This form of hysteria, however, often occurs in women who are liable to the paroxysms.

It is difficult to assign a cause for the fixation of the hysterical phenomena in particular localities. We have, indeed, very much the same difficulty here, as in explaining other examples of general or constitutional disease exhibiting local symptoms. It may be that, in many cases at least, the local symptoms should be regarded as reflected nervous phenomena, either of sensation or motion; some part of the great gastro-intestinal surface, or some internal viscus, being the seat of a primary disturbance, which creates an irritation of a portion of the nervous centre, and this affects some sentient or motor fibres connected with it, which propagate their irritation to some peripheral region. Or, again (and this, perhaps, is of rare occurrence), there may be some immediate irritation of a part of a nervous centre, not propagated from any sentient surface, but caused by some local disturbance of the circulation, and, consequently, of nutrition. Or, lastly (and this

is not unfrequent), the patient may have received a strain or hurt at some part, and her attention being strongly directed to that part, and her anxieties aroused respecting it, that part has become the seat of a fixed pain. And even if there have been no previous injury, there can be no doubt that a part may become irritable and painful, about which the patient's thoughts and anxieties have been occupied for a considerable time. I could quote to you many authentic instances of this power of the mind to create pain, as it were, or to perpetuate it, after it had been excited by some physical cause. But it must suffice for me, at present, to direct your attention to the fact as one of which it is most important that the practitioner should be cognisant.

I do not profess to give an account of *all* the forms that local hysteria may assume, so many and so various are they. I shall, however, briefly refer to the principal varieties that are likely to be met with in practice.

Pain in the Side.

Among the most common forms of local hysteria are those pains in the right or left side, to which I alluded in my last lecture as being very frequent accompaniments of the hysterical diathesis; of these I believe the most frequent is that on the left side; the pain is referred to a spot immediately beneath the left mamma, corresponding very nearly to the situation of the apex of the heart. In most cases the pain is increased on pressure; sometimes, however, firm and steady pressure gives ease, and I have sometimes observed patients to make pressure themselves, in order to obtain some relief. It is quite extraordinary what a common symptom this pain is, or that on the right side. If you watch the out-patients of this hospital for a day or two, you will find a large proportion of the female applicants complaining of pain in the left or right side. It is very frequently (that on the left side especially), accompanied with leucorrhœa or some form of uterine derangement, so much so, that now, after I have learned that a young woman of hysterical appearance complains of this pain, my next question invariably refers to the existence of leucorrhœa.

In some instances this pain is always increased on inspiration, and is attended with a short but frequent cough, without expectoration. If there be any emaciation, or if there have been phthisis in the family, the fears of the patient's friends become excited, lest this cough and pain should be the forerunners of consumption. And it is not always easy to assure oneself that the irritation of nascent tubercles may not have some share in the production of the phenomena. Some time ago I was consulted in the case of a young lady of good family, who, from a long-continued pain in the left side and frequent cough, was considered to be phthisical, and, in consequence, was kept in a regulated temperature for a considerable period. By several very careful examinations of the chest I felt myself at liberty to pronounce her free from tubercular disease, and prescribed an opposite mode of treatment, good air, carriage exercise, and tonics, with great advantage; and now I sometimes see this lady, who enjoys good health, but is subject to the occasional recurrence of this pain in the side and cough, whenever any irregularity occurs to excite her hysteria.

In this case there was also another symptom calculated to excite the apprehensions of the patient and her friends. I allude to irritability of the heart, giving rise to palpitations. This may be mistaken for disease of the heart, and I have no doubt that such a mistake is not uncommon. About two years ago I was consulted by a lady, who, in consequence of long continuance of pain in the left side and palpitations, had been pronounced by another physician, to be labouring under disease of the heart, and was ordered to seclude herself from society, to confine herself to one floor, and to follow a very rigid regimen. After two very careful examinations of her symptoms, having at the same time explored the heart by auscultation and percussion, I satisfied myself that there was no organic lesion of the heart, and, as the patient's mind had been greatly directed to that organ, I felt it my duty to assure her in the strongest terms that it was free from disease. This opinion was subsequently confirmed by a physician of great eminence in town, who was consulted without any communication with me. And I had the pleasure of seeing this lady a month or two ago in the enjoyment of excellent health, but occasionally liable to palpitations, whenever her system may be at all deranged. I do not mention these cases as being of rare occurrence, but as illustrating the importance of being careful to distinguish between the hysterical malady and the organic lesion.

Irritable Spine.

The irritable spine is another form of local hysteria, which, if treated on erroneous principles, or if its real nature be not detected, may lead to very serious consequences. This affection has been deemed of sufficient importance, by some practitioners, to merit its being designated by the special name of *spinal irritation*. But this term is highly objectionable; for it implies that the essence of the patient's malady is to be found in the spinal affection, and that the treatment is chiefly to be directed to relieve the local suffering. And many who have written upon this subject have striven, on very insufficient evidence, to show that the spinal cord itself is at fault. The truth, however, is that the spinal irritation is but a

symptom of a general state, a local malady depending on a constitutional cause.

These cases are often mistaken for actual disease of the vertebræ, and patients have been confined to the recumbent posture for its cure, a mode of treatment admirably calculated to perpetuate the real complaint. It often happens that the patient has difficulty in walking, and this is regarded as the consequence of the spinal affection. She at first finds herself easily fatigued; the pain in her back is increased by walking or standing; she gradually becomes disinclined to move, and gets accustomed to the horizontal position, and therefore readily yields to any suggestions in favour of quiet, or reluctantly obeys the advice which recommends an opposite plan.

The most acute pain is felt over a particular spot on the back. Slight pressure will produce it, when the patient's attention is alive to it; and firm pressure will often fail to create it when her attention has been diverted from it. But there is always a good deal of tenderness in the whole course of the spine and in other parts also. You will derive great assistance in your attempts to distinguish the real nature of this affection, by attending to the nature of the pain; it is always of that *exaggerated* kind which I alluded to in my last lecture, as being characteristic of hysterical pain. It is much more acute than the pain which attends diseased vertebræ; it is more superficial, so as often to appear, as I believe it is, seated in the skin that covers the spinous processes. We had one of these cases here not long ago, which very forcibly illustrated the importance of a right diagnosis. A young woman, of highly hysterical constitution, was sent here for pain in the back and weakness of the lower limbs; she declared that she was quite unable to walk, although she could move her limbs very well as she lay in bed. There was great tenderness over two vertebræ in particular, but the whole spine was tender also. She had been treated for some time by rest, and her spine had been cauterised. We humoured her a little for a day or two, and then I thought it right to assure her that she could walk, and that she must walk a little every day. I had her taken up and supported between two women, and by making her move about the ward in this way a little every day, and increasing the walk each succeeding day, she soon began to find out that she had the use of her limbs, and ere long was enabled to walk to the shower-bath.

I may remind you of another case still in the hospital, in which this plan of treatment was pursued with very striking success. This is the case of the woman named Collier, in Augusta ward, who has been so long under treatment. She was sent here completely paraplegic, and stated that she had been bedridden for ten years. On examining her I found some tenderness of spine, but no unnatural condition of it. The power over the bladder and rectum was unimpaired. She is highly hysterical and rheumatic also. The lower extremities, from disease, were completely wasted; she could not stand, but as she lay could move about her limbs freely. I encouraged her to expect a cure, and told her that she must exert herself. She was supported by the nurses and made to walk a little every day, and after persevering a few weeks in this treatment she was able to walk a little alone; by-and-by she got on with the help of a stick, and now she can walk up and down stairs without any assistance. Had we treated this poor woman on the supposition of her having spinal disease, she would have been bedridden all her life. And, indeed, I attribute the slowness of her recovery (for she has been several months under treatment) to the extreme atrophy of her muscles, and, as we may fairly assume, of her nerves too, which was brought on by the disuse of them for so long a time.

Pain in the region of the sacrum and in that of the coccyx are less common forms of local hysteria. They may probably be connected more directly with uterine irritation, and in some instances, perhaps, with imperfect action of the rectum, and accumulation of flatus in it.

Local Pulsation.

We had lately a case in which this form of local hysteria was very well marked; and it was accompanied with another symptom not uncommon in hysterical persons. This was a strong pulsation of the aorta in the epigastric region, simulating aneurism. For some time the pulsation appeared so strong, and was so circumscribed, that had I not known the decidedly hysterical character of the patient's constitution, I should have felt considerable apprehension on her account. However, as her strength improved, and her catamenia became regular, these symptoms disappeared.

Hysterical Affection of Joints.

The profession is much indebted to Sir Benjamin Brodie for having directed attention to the frequency with which local hysteria manifests itself, especially among the higher classes, in the form of affections of the large joints, simulating those diseases with so much accuracy that practitioners have frequently been misled by it. Sir Benjamin states the remarkable fact, which no one is so well able to ascertain as a surgeon of his great experience, that four-fifths of the supposed cases of joint-disease which occur among the higher classes are hysterical. This statement ought to impress us strongly with the importance of being well acquainted with the peculiar features of these hysterical affections of the joints.

You will, of course, expect to find in these cases indications of the hysterical constitution; globus; perhaps occasional hysterical paroxysms; general irritability; enfeebled nutrition; pain easily excited on pressure at various parts of the body; irregular catamenia, or some uterine disturbance. The joints which are most frequently affected are the hip and knee. The patient keeps the painful joint quite at rest, being fearful of the least disturbance. When the joint is moved, she will call out with much more expression of pain than if there were actual ulceration of the cartilages. "There is always exceeding tenderness," Sir Benjamin Brodie remarks, "connected with which, however, we may observe the remarkable circumstance, that gently touching or pinching the integuments in such a way as that the pressure cannot effect the deep-seated parts, will often be productive of much more pain than the handling of the limb in a more rude and careless way." As, however, in most hysterical affections, if you can succeed in engaging your patient's attention about some other object, and thus directing her thoughts from her own sufferings, you will find that the joint can be moved with comparatively little or with no pain. I need not, however, dwell upon this subject, for you will find it admirably discussed in Sir Benjamin Brodie's "Treatise on the Joints," and in a very interesting and practical little volume on "Local Nervous Affections," which I strongly recommend you to study.

Irritable Breast.

Another very serious form of painful hysterical affection is the irritable breast. It is not generally attended with swelling or enlargement. The irritability is excessive, and the patient shrinks quite as much from superficial as from deep-seated pressure, and even before she has been actually touched at all. These characters, along with the evidence of hysterical constitution, are sufficient to enable the attentive practitioner to distinguish the real nature of the affection.

Aphonia.

I have alluded to various forms of hysterical paralysis; you may have numbness in the course of particular nerves, or paralysis of motion, in some cases putting on the features of hemiplegia—in others of paraplegia. Hysterical aphonia must be regarded as of the same kind, the palsy or weakness affecting the muscles of the larynx. The patient is unable to speak, except in a whisper, and even then not without effort. It often begins and ends suddenly. Sometimes it remains after a severe hysterical paroxysm has passed away. This is a form of local hysteria of very common occurrence, and not likely to be mistaken for any laryngeal disease, for respiration remains quite unimpaired.

Paralysis of the Bladder.

Hysterical paralysis of the bladder is also common, and much mischief may arise from neglect of constitutional treatment, and too close attention to the local affection. Sir Benjamin Brodie lays down the rule, that in these cases the catheter should not be had recourse to; and the only exceptions to it are in those extreme cases in which actual paralysis has taken place, and the bladder is likely to become diseased, if not artificially relieved. A similar want of power over the rectum may occur in hysterical women. I have known women complain that they were unable to expel the contents of the rectum, although they were conscious of fæces having passed into it. With respect to many of these cases of hysterical paralysis, there is much truth in Sir B. Brodie's remark "that it is not that the muscles are incapable of obeying the act of volition, but that the function of volition is suspended."

Spasmodic Affections.

Among the various forms of local hysteria we may class some singular spasmodic affections which often prove exceedingly troublesome.

Laryngeal Affection

In the woman Collier, whose case I have had occasion to refer to as an instance of paraplegia, we had an example of a spasmodic affection of the muscles of the larynx, very much resembling the spasmodic croup, or laryngismus stridulus, which occurs in children. This attack was always preceded by depression of spirits and hysterical crying; the breathing became difficult, and both inspiration and expiration were attended with a stridulous noise; there was also a loud barking cough, which could be heard at a considerable distance. The attack passed off as the temporary excitement disappeared.

Hysterical Sobbing.

One of the most singular cases I ever saw was that of a girl named Howe, ætat. 19, who was admitted in consequence of a peculiar spasmodic affection of the diaphragm, of a most severe kind, and which, while it lasted, was most troublesome and painful. This girl has been a long time in the hospital. At her admission, on the 28th of March, she stated that for the last three months she had been very subject to leucorrhœa. In other respects she was in good health. Her face has the aspect of hysteria; the full upper lip is very well marked. Four days before her admission, in taking down a bedstead, she fell and struck the right side of her abdomen. She suffered so much pain at the moment that she was obliged to rest for ten minutes; she then resumed her work and thought no more of the accident. In half an hour she was seized with a catching of her breath, and

with pain in the right side of the abdomen. This continued for two or three hours, so as to interrupt her work, and then went off. Her bowels were open at the time, but she is of costive habit. In the evening the catching of her breath and the pain returned; it now continued some time, so that she scarcely lay down during the night. Next morning there was great epigastric tenderness, and she was unable to bear the pressure of her stays. The catching of the breath and pain in the side continued to recur in fits till the morning of the 26th, when they discontinued, but returned in the evening, and have continued at intervals ever since. At our first visit we found her affected with this catching of the breath. It exactly resembled a violent fit of sobbing, unattended with flow of tears. There is a jerking movement of the neck from side to side with each sob, but the limbs are motionless. Any excitement increases the sobbing. It was much increased by our visit, and subsided after we left. On the 29th, whenever she was visited by myself or by the physician's assistant, the sobbing was brought on. The pressure of the stethoscope in exploring the chest was sufficient to bring it on. The upper extremities are now thrown into jerking movements, resembling those of chorea, shortly after the sobbing begins. The slightest touch on the epigastrium or tickling the soles of the feet brings on the paroxysm, even when her attention has been directed to some other object.

Her treatment consisted in free purging for the first few days, lest there should be any lodgment in the intestinal canal, and subsequently tonics. On the 31st her attacks ceased, and as she remained quite free up to the 5th of April, and her health was much improved, she was discharged. She was, however, readmitted on the 10th, with a recurrence of the paroxysms, without any apparent cause. They are accompanied with jerking movements of the upper limbs and tremblings of the lower ones, which give her an unsteady gait in walking. Pressure excites or increases the sobbing, particularly when applied on the right side; and if the pressure be continued, the sobbing becomes excessively violent, and the whole body is thrown into convulsive movements. The fits last for three or four hours, during which time the nurse is obliged to walk with her up and down the wards or passages; for she cannot remain still, during the whole time she is affected with jerking, chorea-like movements. It is extraordinary what a slight pressure will excite the sobbing. If she accidentally press the epigastrium herself it will come on; the weight of the bedclothes, the least pressure or even touch with the top of the finger, or even the near approach of the finger to the epigastrium, will excite it. She had followed a tonic treatment for a considerable time without any benefit to these paroxysms. I determined now to try a succession of blisters to the epigastrium. The first excited a very severe paroxysm; however, by perseverance in the use of them, she has not only become able to bear them, but the paroxysms have considerably diminished in frequency and severity, so that now she can bear a good deal of pressure without inducing the sobbing.

Sir B. Brodie has recorded a case very similar to this. A young married lady, who was liable to ordinary attacks of hysteria, complained of a tender spot on the anterior part of the abdomen, a little below the ensiform cartilage. The slightest pressure of the finger on it caused excessive pain, and was followed by violent agitation of the whole person, bearing a nearer resemblance to the convulsive motions of chorea than to anything else, and continuing for several minutes.

Hysterical Sneezing.

Women are sometimes attacked with violent fits of sneezing, coming on at particular periods and lasting for a considerable time. Of my own knowledge I am aware of but one instance of this, in a newly married lady, in whom the fits of sneezing used to come on early in the morning. There was, I had reason to believe in this case, great disappointment that the signs of pregnancy did not appear about the usual time; and it was curious that these attacks should have come on chiefly when the morning sickness would have shown itself in the early stage of pregnancy. Women who are expecting pregnancy become very familiar with the ordinary symptoms of it. Sir B. Brodie relates two cases of this kind, in which the fits of sneezing were severe, and do not appear to have yielded readily to treatment. In the case to which I allude no relief had been obtained when I last heard of the patient.

PUNCTURES.—Punctures only; these are serious. The small wedge may have torn the nervous texture, and the cellular and lymphatic inflammation may terminate fatally. Look for a red line along the arm, and pain and swelling in the arm-pit, fever, and oppression of the chest. No *poison* is essential to have produced this, unless the patient be, for instance, a charwoman, and yellow soap the "poison" to the hurt hand. In the dissecting-room I always touch the point with lunar-caustic, order a poultice with solution of opium and cerussa acetata, and hurry the youth to the country. Deep suppurations may require the hand to be opened; but even if you save the hand, the fingers are too often contracted by adhesions between the thecæ and tendons. Look, then, in time to the treatment and the health.—*Sir Charles Bell.*

SUGGESTIONS FOR THE PREVENTION OF HEREDITARY DISEASES.

By Horatio Prater, Esq., London.

(Concluded from page 386.)

Our duty to attempt the prevention of hereditary diseases. General remarks on infanticide, particularly as sanctioned by the Greeks and Romans. The Spartan system of infanticide probably not very different in its effects from the more common form. Russian custom of bathing children at the present day may probably be regarded as a modification of the Spartan form of infanticide. Since infanticide is necessarily abolished in Christian countries, does it become us to imitate the Russians in finding a substitute for it, although not in adopting their system? The plans already stated for preventing the transmission of hereditary diseases recommended as preferable. Ancient Scots, by barbarous laws, endeavoured to effect this object. Their system more efficacious than the Spartan or Russian in preventing diseases, but unjustifiable on any principle of humanity. If, however, the intercourse of the sexes, in case of hereditary tendency to disease, be still allowable, it becomes a duty to use means to prevent the transmission of such diseases to the offspring. Can such an object ever be effectually and generally accomplished without legal interference?

Such, then, are the considerations that have induced me to recommend that preventive measures, if possible, should be commenced even before the fœtus has begun to form, before the earliest periods of pregnancy. And I cannot but think, likewise, that the observations just made with regard to the *necessary* origin of all hereditary diseases *before* birth, although they may not become ostensible till advanced periods of life, are in a measure new; since all the authors, with whose works I am acquainted, have (if I mistake not) generally reasoned as if it were far easier, *by treatment commenced subsequent to birth*, to prevent those hereditary diseases which show themselves late in life, than those which commence their course in infancy. Now, whether they be right or wrong in this opinion, it seems very far from being proved. With our present imperfect knowledge, at all events, of the best means of preventing cancer and insanity, we gain nothing for our treatment by the length of time which generally elapses before these disastrous maladies make their appearance. But even supposing we had the same power in preventing these that we have in preventing scrofula (a power that is certainly far from specific), it is not obvious we should gain any very great advantage without we could cure the *disposition*. Now it is at present very doubtful whether this can be done in scrofula by any preventive measures commenced *subsequent to birth*, though they be continued *for life*. The only advantage we gain by time, even in this case, seems, that, in all *probability*, the longer preventive measures are pursued the more effectually the disposition to the disease will be *diminished*, though never altogether *destroyed*. Subdued *apparently* in the present generation, it will yet show itself in the next, though perhaps in a milder form. I do not know whether it be with certainty allowable to support this way of viewing the subject by an analogical argument from the moral and intellectual part of human nature; but it seems questionable in them, whether the *disposition* that originates at birth, however modified, can, by any length of time, be completely eradicated. Reflection, as Hume and Rousseau have observed, may increase our capability of deciding correctly on the exact limits of justice in any nice moral inquiry; but unless *nature* has made one man more scrupulous than another, it is very doubtful whether the most long continued habits of reflection on morals, or any other mode of training whatever, will increase his desire to *act* according to justice. So it is with the mind. Fill it as much as you please with acquired knowledge, you may expand and elevate it; but the powers that *nature* has bestowed upon it are still the chief boundaries to its perfection. And as neither all the mere *knowledge* of morals in the world would have formed a Phocion or Washington, so, in like manner, if nature had not given to Hume superior judgment and to Milton superior imagination, they could never have *acquired* those qualities of the mind, though their erudition had been still yet more extensive. We may also reverse this reasoning, and justly doubt whether any circumstances would have made Phocion and Washington bad men, or deprived Hume and Milton of that superiority in genius with which nature had endued them. Now there are some analogies (which it is not our business to consider here) between the moral and intellectual qualities and the vital functions; and it seems not unreasonable to infer from them, that if the peculiarities of the soul and the mind that are *born* with individuals, never can be *altogether* eradicated, so neither can the peculiarities of the vital principle, of which the disposition to hereditary disease is often one.

It appears right, while commenting on the plans formerly stated for the prevention of hereditary diseases, to consider an objection that may be urged against them. The objection alluded to is the difficulty that the *lowest class* of society would find in following them with exactness. We shall see hereafter that removal from the bad air of a city to the pure atmosphere of a village or

country town, as well as the substitution of active exercise for sedentary habits, are necessary as preventive measures in scrofula, to say nothing of their efficacy in all other cases. But it is obvious that the mechanic of a crowded city, whose subsistence depends not only on his confining himself almost exclusively in that city, but also a certain number of hours a day in the factory of that city, or in his own confined apartment, could leave it neither to try the benefit of country air nor country exercise. Much less could he remove to a different climate. He must be content to know only by report the efficacy of a residence at the East Indies, the Cape of Good Hope, and the south of Italy, in preventing consumption and scrofula.

In such cases all that can be said is, that individuals so circumstanced should take as much exercise in the open air as their circumstances allow. Their disease (we are supposing it scrofula) will, in this way, probably be benefited; and if the other measures with regard to the nursing formerly stated are rigidly adhered to, the malady, if not prevented, will only appear in a mild form, and by subsequent care may be still further subdued. Something, then, will be gained, even in the *extreme* case we are supposing. But of course the *full* advantages of the plan can, unfortunately, only be embraced by those in better circumstances.

We need not stay to consider its *inconveniences*, even to those who have it in their power to put it in practice. If we can prove the utility of the plan—its adoption, becoming a duty, will diminish the pain or inconvenience of the sacrifice. But even the pain and inconvenience are not to be overrated, since measures calculated to prevent the transmission of disease to the offspring must, though in a somewhat less degree, be of service to the health of the parent who adopts them. This consideration should be particularly borne in mind by those much indisposed to submit to the restraint of the preventive measures suggested.

As a question of duty—of moral obligation—the subject before us has, obviously, claim on our most serious attention; but in pointing out its advantages to parents themselves, I shall not be ashamed to consider it as a question of interest in the most extended sense, since I well know that with some, although they be not those whom I have now more particularly the honour to address, such a consideration must, in the nature of things, claim an equal degree of notice with the more lofty and disinterested obligations of justice and benevolence. As a question of interest, then, it is obviously incumbent on parents to subdue to the utmost of their power all tendencies to hereditary disease in their children. The expenses of nursing, medicines, and medical attendance, are surely greater (and these expenses we shall be likely to incur if we neglect the preventive measures in question) than those of education and support; and how much less satisfactory! As a question, too, of repose and happiness of mind, it merits all consideration. Whatever degree of sympathy may be due to a child unfortunately labouring under disease of the spine or the hip, it seems not unreasonable to suppose that its complaints will almost as frequently cause sounds of irritation from the reluctant parent as the more cordial expressions of sympathy. On all grounds, therefore, as concerns duty, as concerns interest, as concerns happiness (if those, which are perhaps but one, should be considered as distinct), it appears incumbent on parents to endeavour to prevent the tendency to hereditary disease that may exist in themselves from descending to their children.

Many there are, who, born under the most favourable circumstances, have forgotten the pleasures of life amidst the diversity of its pains, and have thrown off the weight of existence in anguish, in disgust, or in despair. And, not to mention the numerous instances afforded by ancient and modern history, of illustrious men using the power entrusted to them by nature for their own destruction, how many men of genius do we see supporting life, indeed, but supporting it either from motives of fear, or hope, or pride. We find Gray saying,—

> "All here are men
> Condemned alike to groan,
> The feeling for another's pain,
> The unfeeling for his own."

Byron again,—

> "Know whatever thou hast been,
> 'Twere something better not to be."

And in his Journal to the same effect, that he had experienced much pleasure at different times, but he would still have thought it altogether preferable not to have been born. Even Swift seemed to entertain a similar sentiment, since he is reported to have always kept his birth-day in sorrow.* And the gay and worldly-minded Chesterfield thought, to use his own words, "life *at best* a bad bargain."† But I have quoted enough to show that men of genius, *of very oppositely constituted minds*, have often coincided re-

* Moore's Life of Byron.

† Mirror. The Thracians, in the same place, are stated from the report of Cicero, to have expressed marks of sorrow on the birth of every infant. Barthelemy, in his Anacharsis, says the same of a nation (and if I remember right, the Thracians). All this is, no doubt, an unfortunate way of viewing the subject, and a train of thought that should be avoided. Napoleon's remark on seeing Dessaix fall at Marengo, seems more suited to the present state of things. "Alas! I have *no time* to weep."

markably as to their ideas of the value of life —life imparted under the most favourable circumstances—life surrounded with everything to make it desirable. What, then, can we think of the state of those, who even while young are bent down to the earth by diseases like those advanced in years? Can life to *them* be desirable? Had it been in their power to accept or to refuse, would they under such circumstances have hesitated in their choice? Consider well the question, I intreat you. Picture to yourselves those miserable objects whom time cannot invigorate, and who lean even at infancy on the staff or watch for their support:—those whom the spirit of independence animates in vain; those often neither in a condition to defend themselves from injustice nor procure their subsistence:—but that we know them children, we might almost consider them reduced to the diminutive state in which they appear before us by the extreme of age. Pitiable objects! whom all the pains and inconveniences, but none of the consolations of advanced years attend,—whose very deformity, by incapacitating from the exercise essential to health, is often at once an insuperable obstacle to its restoration.

We know that the Lacedæmonians,* in that spirit of patriotism which so long animated and supported their political body, passed a decree, that all children of their nation which were born imperfect or unhealthy should be put to death. We know, moreover, that the laws of the Athenians† and Romans‡ permitted the same to all parents whose poverty or whose inclination induced them to shrink from the anxious task of rearing their offspring. And we know, that a similar licence has prevailed from time immemorial in the vast empire of China § even up to the present day; that it existed on the continent of America ‖ at the period of its conquest by the Europeans; and that it is practised even now both in the shores of the Polar Sea* and the islands washed by the great South Pacific.† In fact, we may safely assert, that until the introduction of Christianity, the custom prevailed at almost all times and all places, alike in the most barbarous as the most civilised parts of the earth.

Nor does it appear probable that the more common form of infanticide, which left it optional with the parent whether to preserve or to destroy, was either in its nature or its effects so different from the Lacedæmonian as on a superficial view of the subject we might be led to believe. The former originated probably, for the most part, in a regard for *individual* good; yet as both *interest and humanity are on the side of destroying the weak and imperfect in preference to the strong*, they would be likely to perish in by far the greatest numbers; and thus would a regard for the *general* good, which seemed more peculiarly the object of the Lacedæmonian system of compulsion, come to operate with almost equal power, when the law left the practice of infanticide *in all cases* at the option of the parent. In this latter event, too, the force of natural affection would be sure to spare many; and they to whom such permission was granted would probably be almost equally numerous as well as equally sound as those suffered to live under the Lacedæmonian law. Add to this, that though humanity (so considered) seems peculiarly the origin of the Athenian and more general law respecting infanticide, still the Spartan, according to Dr. Robinson, was not uninfluenced by such a consideration, though the promotion of the *general* good was its more decided object.‡

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* Robinson's Grecian Antiquities.

† Ibid.

‡ Adam's Roman Antiquities, p. 44. "Even under the emperors the exposing of new-born children appears to have been exceedingly common."—Miller, on Ranks, p. 131.

§ Guthrie's Geography, Art. China. "In the great cities of Pekin and Canton, Sir G. Staunton found the exposure of children to be very common."—(Cormack on Infanticide at Guzerat, in India, p. 43.)

‖ "The practice of putting to death the old and incurably diseased prevailed from Hudson's Bay to the River La Plata." * * * * "This (Dr. Robertson remarks) *like infanticide*, was not regarded as a deed of cruelty, but an act of mercy."—(Robertson's America, vol. ii., pp. 107 and 209.)

* Want seems the common cause of the practice here. The parents are stated to be very affectionate.—(Franklin's Polar Seas, vol. iv., p. 211.)

† The causes here are stated to be generally pride, but sometimes poverty; that is to say, humanity, or desire to save from *protracted* suffering.—(Ellis's Polynesian Researches, p. 311.)

Infanticide and promiscuous intercourse, as preventive checks to population, also existed at Otaheite, when that island was visited by Captain Cook.—(Third voyage, vol. ii., p. 158, 159.)

‡ In the republics both of Plato and Aristotle, though sexual intercourse is allowed as long as it can be practised, no child was to be permitted to see the light after its parents had attained a certain age, since the offspring of the aged were considered necessarily unhealthy. Plato, moreover, proposes to unite the most excellent of the men with the most excellent of the women, and the inferior with the inferior, and that the children of the *former* only were to be brought up. These suggestions of Plato and Aristotle bear more resem-

If these remarks be well founded, it will follow that in reasoning on infanticide we may consider that the common form of it will have the same effect as the Lacedæmonian, in diminishing the number of deformed and sickly subjects; and perhaps to an equal, or even a greater extent, since it would be practised most frequently not only in cases of malformation, but also in those of *extreme* poverty, which is itself so well calculated to develop or produce the worst diseases of infancy.

Of course, since the introduction of Christianity in Europe, infanticide, *strictly so called*, has been abolished. But what may, perhaps, be considered a modification of it still, according to Swinton* and Farr,† prevails in Russia, though practised *apparently* from the *ostensible* motive of invigorating the system. "The Russians," says Mr. Farr, "still bathe their infants in the cold rivers, and then bring them suddenly into the warm stoves, to harden their constitution." This practice, which the parents themselves adopt, and may adopt with advantage, is still well calculated to destroy, though not immediately, all deformed and weakly children, since we know by Dr. Edwards's‡ experiments that the vital powers of infants are weaker than those of adults, and consequently less able to bear such sudden and formidable vicissitudes. It seems right, therefore, with Mr. Farr, to regard this practice of the Russians as somewhat analogous to the Lacedæmonian system of infanticide, or as a system, at all events, well calculated to diminish the number of deformed, rickety, and scrofulous subjects in the Russian empire. This must be its effect; for, although according to Sir A. Crichton,§ "Great Britain nowhere exhibits such bad cases of scrofula as are to be seen in Russia," still it is to be remembered that this disease may be actually generated by uncleanliness, very poor diet, long exposure to impure air, and want of exercise. And, from the mode of life and customs of the Russians, there can be no doubt that a vast number of cases of the disease in question are produced by the three former of these causes, assisted probably by a climate more favourable for its production than that of Britain. However, it is to be remembered that although Sir A. Crichton states the cases of scrofula to be of a more malignant character, he does not give any statistical table, to prove them to be so *frequent* as in this country; and if there could for a moment be a doubt whether the Russian plan of bathing children did not *prevent* (if we may so speak) a great many bad cases of scrofula, by destroying those predisposed to it in infancy, this regard to the comparative *frequency* of the disease is the only point that would demand investigation.

Whether the public good, or humanity, or even his own interest, are *motives* to induce the Russian to the course he pursues with regard to his children, may perhaps be questionable; but that the *effect* will be beneficial to the empire at large, and that it is a practice not devoid of *rational* humanity, seems obvious. And, indeed, *if* the custom is so general as to be almost universal, the Russians not apparently enforcing it by law, will have an advantage over the Lacedæmonians, since law should always be regarded in the light of a necessary evil, and avoided if possible.

Having now finished our remarks on infanticide, and the Russian plan of treating children, what, it will be asked, is our object, since it is not, of course, to recommend such practices, in endeavouring to introduce them to public notice? It is briefly this,—to show, first, that among the enlightened Greeks, Romans, and all other nations, who have sanctioned infanticide by law, humanity (so considered), and the public good, were in different degrees, with different people, the two motives by far most common for its introduction.*

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blance to the Spartan than the Athenian law respecting infanticide, and both have direct reference to public *health*.

* Travels in Russia.

† Lecture on Health. LANCET, 1835.

‡ Effect of Physical Agents on Life. Paris.

§ On Consumption, p. 50, et seq.

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* I would consider, in a note, more at length, some particulars respecting infanticide, which are only alluded to in a cursory manner in the text, as well as others, which it was considered best to pass by altogether in silence. And first, with regard to the *causes of infanticide*, I have said that humanity (so considered) seemed to be the most common cause of this practice in all countries in which it was or is adopted. This is stated by Kelly (Universal Geography, Art. China) to be the chief cause of it in China at the present day; as it is stated by Robinson, in the work already referred to, to have been the cause (or one of the causes) at Athens and throughout Greece formerly. The same remark applies to Japan:—"Les Japannois croyent faire une acte *d'humanité* en delivrant ces petites creatures d'une vie, qui leur deviendroit à charge," says Charlevoix, applying the observation to cases where the parent had not adequate means for the support of the child (History of Japan, chap. ix., book 1). The same remark applies to the Mohammedan Tartars. "Yet when they have not wherewithal to maintain them, they hold it a piece of charity to murder infants new-born, as also they do such as are sick and past recovery, because they say they free them from a great deal of misery" (Sir J. Chardin's Travels, Harris's Coll., b. iii., c. ii., p. 865.) There

Secondly, it is to suggest, since such practices are necessarily abolished in Christian countries, and since even the Russian mode seems objectionable, that some substitute in addition to poor-laws, hospitals for foundlings, and general hospitals,* seems desirable.

There is no doubt, with regard to the first point, that it would be a proceeding of far more perfect humanity to endeavour to *prevent* the birth of sickly and deformed children, than suffer them to be born, and then to destroy them; and, secondly, that this proceeding seems far preferable to the ancient Spartan and modern Russian plan of treating children, and, in short, desirable as a substitute for infanticide generally—infanticide considered as a means of diminishing the number of rickety, scrofulous, and otherwise unhealthy children.† As we have already entered at length into the general plan for effecting this object, it is unnecessary to consider it further in the present place.

Dr. Adams, in his work on Hereditary Diseases, says the ancient Scots are the only people with whose laws he is acquainted, who endeavoured, by legislative interference, to prevent the extension of

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can be no doubt that a similar sentiment often influences the inhabitants of the shores of the Polar Sea, the South Sea Islands, and those parts of India where it still is, or has been, practised.

But although *humanity* (so considered) may be esteemed the most common cause for the practice, in some instances *pride* has certainly operated as another cause. Thus Ellis, in the "Polynesian Researches," formerly referred to, attributes infanticide chiefly to this cause in the islands in question. When a man had contracted an alliance with a woman of inferior rank to himself, the offspring of such union, being considered as derogating still further from his dignity, were sacrificed. But it is worthy of remark, that even here, if the child (as frequently happened) was, by the affection of its mother, left to survive ten minutes or half an hour, it was preserved. It seems probable, from this, that they considered they were causing less pain to the child in sacrificing it immediately it was born than in doing the same after they had suffered it to live for even a short period, or, at all events, that it was less criminal to deprive it of life in the former than in the latter case. And it must be confessed, that as every minute adds (though but in a slight degree) to the *consciousness* of a new-born child, death becomes a greater evil, to a certain extent, the longer it is postponed. The Athenians, who thought so little of destroying their children immediately they were born, would probably have shuddered at the idea of doing the same, after they had suffered them to live sufficiently long to be able to understand they were about to be killed by the treatment to which they were subjected. The *certainty* that death is at hand increases its terrors; and it may be doubted, whether animals, being unconscious of this, suffer, even in the most painful death, so much as the human race.

But to return from this digression. As pride among the South Sea Islanders, so a similar feeling is said by Cormack (opus cit., p. 32) to have operated with the Indians of Guzerat in the practice of infanticide, who, by such means, prevented their daughters from being forced into what they considered unworthy alliances; and, accordingly, with this nation, the practice was confined to the female branches of the family. It is also worthy of remark, that as the people in question appear to have been actuated by pride (directed, indeed, to a different point) equally as the South Sea Islanders, in like manner they counted it a heinous crime to put to death those that had been permitted to *live any time* (p. 55).

And as they were actuated by motives of humanity in this respect, so they were likewise as regards the mode of accomplishing their object, since they either laid the umbilical cord over the child's mouth or gave it a dose of opium; both, certainly, modes of practice calculated to extinguish life with the least possible pain. But although it is probable that pride is often a cause of the practice in India, it is obvious, from the doubtful language Mr. Cormack uses, that this is by no means ascertained to be the *only* cause. And, in all probability, the same remark will apply to the South Sea Islands. It seems right to believe that in both these parts of the earth humanity, so considered, is, as in other heathen countries, a frequent cause of the practice. A remarkable circumstance respecting infanticide, is that it has been practised by people of the most opposite religious sentiments, sanctioned by the wisest of the Grecian legislators, by Solon and Lycurgus, who in their hearts professed, probably, the purest system of deism:—we have seen, also, that it has been equally permitted or enjoined by the semi-civilised Chinese and Indians as by the savages of America and the South Sea Islands and the wandering hordes of the Mohammedan Tartars.

* Of course, as Chateaubriand says (Genie du Christianisme, tom. iv.) the introduction of such hospitals seems due to the establishment of Christianity, and hence there is no *necessity* now, as formerly, for the practice of infanticide. Much still, however, wants to be done towards making life desirable, as it must be preserved.

† To infanticide, considered as diminishing the population generally, of course the present suggestions have no reference.

hereditary diseases.* He says "he leaves it to others to decide whether any, or what effect, was produced by the law in question, towards exterminating such diseases from the families of our sister kingdom." (P. 46.) Now, since we know that hereditary diseases often arise spontaneously, or by the operation of certain physical agencies, it is scarcely to be expected that any law of the description in question would "*exterminate*" such diseases. But that it would *prevent* a great many there can be no doubt whatever; and however cruel and barbarous the law literally observed, it must have worked beneficially in this respect. It should, however, be confessed that the same object might probably have been accomplished with an equal degree of success, and of course in a spirit of far greater justice and humanity, either by putting the unfortunate parent and child to death in a milder manner, or confining the sentence of death to the issue of such inveterately diseased parents alone;—in other words, by adopting the Spartan system and extending its practice to cases of insanity and epilepsy, which producing no bodily deformity or weakness, might possibly, among the nation in question, have escaped that observation, which in some respects, more than all other diseases, they deserved. The ancient Scots, it must be admitted, pursued, in all probability, a system still more efficient than the Spartan for preserving the public health, but at the same time a system more barbarous and cruel. The moderns may, perhaps, profit from the example of both in paying attention to the subject, though in following the practice of neither.

It has been somewhere asserted (and apparently with justice) in support of the benevolent spirit pervading our laws, that persons in whose families insanity, or a disposition to the worst form of scrofula and other malignant diseases prevails, should nevertheless be permitted to marry.† That depriving them of the power of forming such a contract might sometimes be adding misfortune to those already most unfortunate, is obvious. The law, therefore, partly, perhaps, in consideration of the comparatively small number of such cases, or the difficulty of ascertaining them; partly owing to the diminished facility of forming a suitable alliance, makes a slight sacrifice from the interests of the many to the wretchedness of the few, and permits marriage. There would appear to be wisdom as well as benevolence in such a course. Any law on this subject would have been extremely liable to evasion, and as the frequent evasion of a law is calculated to bring it into disrespect, it is perhaps better, in such circumstances, that it had never been framed. Again, as an eminent French writer has observed, the more the number of the laws is increased the less power they exercise.* The multiplication of laws is, indeed, but a proof of the deficient morality of a people, because new laws are made as new crimes originate and require correction; and because if a people were perfectly virtuous no laws whatever would be necessary. The first judicious step, therefore, in case temptation to vice arises, seems to be to wait and observe if the evil corrects itself, or if the morality of the people corrects it. It will be time to make laws afterwards if experience shall show them to be requisite.

Whether considerations similar to the above have influenced the law as it exists with regard to the subject under discussion, or whether its silence is to be attributed in any way to neglect of the question in reference to marriage in the circumstances under consideration, my knowledge does not enable me to determine. Nor shall I presume to say that its silence has been in every respect censurable.

Although some of the above observations will apply equally to the more immediate subject of this discourse, viz., the best means of preventing the transmission of hereditary diseases from parent to child, as to the prohibition of marriage where such disease exists, still the cases are not exactly similar. Although the law, from motives of humanity,

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* "Morbo comitiali, amentiâ, maniâ aut tabe quæ facile in prolem transfunditur, laborantes, inter eos ingenti factâ indagine inventos, ne genus fœdâ contagione ab iis quæ ex illis prognati forent læderetur, castraverunt." He goes on to state, that if any woman, being pregnant, was afflicted with the like malignant hereditary disease, she and her child were buried together alive.—(Historiæ Scotorum, B. i., p. 12, quoted in Adams, p. 46.)

† It is obvious, however, that the mere prohibition of *marriage* in such cases would not be sufficient to prevent the extension of hereditary diseases. To effect this object all sexual intercourse between those with the disposition to such diseases should be prevented. A difficult matter this, indeed, in the case of *men*; however, in the case of *women* the prohibition of marriage would *for the most part* (for even here many exceptions occur) be sufficient. Of course, if the Legislature ever thought fit to interfere in the cases in question this distinction would be be attended to; but in the text, from a regard to public decency, marriage is considered to include all cases of sexual intercourse. After this explanation it need scarcely be added, that it was not intended to read this note, and others of a similar description, to a public audience, unless under particular circumstances.

* "Plus les lois se multiplient, moins elles exercent de pouvoir."—Matter, p. 261, De L'influence des Loix, &c.

may not interfere in opposing the marriage of such parties, it would not be influenced by inhumanity or a disregard for the liberty of its subject, did it see fit to induce or oblige them, by some means* previous to entering into such a contract, to adopt the best plan for preventing their disease from descending to their children (in case of issue). Although it may be the *remote* interest of parents so circumstanced to prevent, as far as possible, their children from being similarly affected to themselves, it is by no means either to their *immediate* interest or happiness. Generally there must be more or less increased expense in following the preliminary plans, and in the separation of the child; often much uneasiness on the part of the mother on this latter account, from hurtful and unguided, though real affection. If the obligations of duty, therefore, are not very strongly felt, a plan, however obviously useful for preventing the transmission of disease, would not, by such individuals, be followed. The case in these respects has no analogy with that of vaccination, the good effects of which have been diffused through society without the intervention of a compulsory law; for here the parents *themselves* have to submit to no sacrifice. Not so in the prevention of hereditary diseases, if the plans herein suggested are followed.† I feel, however, that I have been trespassing on ground not altogether my own, and I, therefore, willingly leave the further discussion of these questions to the consideration of those to whose peculiar province they more especially belong, and who are so much better qualified than myself to pass a correct judgment upon them.

* In the event of their not conforming to the law, a tax or fine might be imposed.

† The two great objections to attempting to enforce the general plans for preventing disease mentioned in the text, by *law*, seem to be,—First. That, as stated at page 504, since some degree of property is required for following the plans proposed with the utmost advantage, they would not, without the assistance of a pecuniary supply from Government, be applicable to mechanics and those in the humblest walk of life. Secondly. Since, as stated in note, page 551, so much of the intercourse between the sexes, particularly as regards men, is independent of marriage, and, consequently, scarcely to be ascertained with the greatest exertions, the enactment of any laws to be observed in the event of marriage is only a partial remedy for the evil in question. With regard to the first consideration it may be observed, that nutrition of the *child by the hand* is the *principal* preventive measure, and one that requires no additional expense. The others are auxiliary, and in some measure to be determined by future experience:—such, at least, as what is the best climate, diet, and mode of life, calculated to prevent the different diseases in question. There would seem, then, on the ground of expense or *inapplicability* to the mass of the people, no objection against at least forming the *principal* one of the measures proposed into a law, should law be thought necessary. With regard to the second consideration (in addition to the fact that scarcely any law is *totally* free from objection) it may be said, that a law enacted to be observed in the event of the *marriage* of the individuals with tendency to the hereditary diseases in question, would probably reach the *majority* of cases; and with regard to others, the object in view will be best promoted by the *moral* education of the people, even *from infancy*, as proposed by Lord Brougham and Mr. Owen. Principles of duty inculcated at this age *must* take the deepest root; but if this proceeding have been neglected, its place may be partially supplied by the moral instruction of the people by lectures and pamphlets.

GANGRENE OF THE LUNGS.

Two cases of this morbid condition occurred during last year in the practice of M. Cruveilhier, at the Hôpital la Charité.

Case 1.—A woman, thirty-two years of age, in whom the disease had commenced by violent pain in one side of the chest, fever, and cough, accompanied, after three or four days from its access, by an expectoration of bloody and fetid phlegm, the disgusting taste of which caused much nausea. A week afterwards the patient entered the hospital, at which time the expectorated matter resembled pus in its appearance; its odour, however, decided it to be of a gangrenous nature. But the general symptoms of the case did not manifest much intensity; no râle was perceptible upon auscultation, nor did the patient complain of suffering, except from the fatigue of coughing. The disease cured itself spontaneously, and in less than six weeks the woman left the hospital quite well, few other remedies having been administered than chloride of lime and opium, with the double view of calming irritation and neutralising the unpleasant character of the expectorated matter.

Case 2.—This case terminated unfavourably. A man, twenty-eight years of age, who had been subject to many depressing influences, entered La Charité on the 7th Nov., ult. He had caught cold about a month previously by sleeping in a stable and receiving a sudden chill during perspiration. A shivering fit was succeeded on the next day by a pain at a single point in the chest. He continued his daily employment, but was obliged to take to his bed three weeks after

this attack. On his entrance into the hospital his voice was so hoarse that what he said was almost unintelligible; no pain; pulse small, and not more than eighty pulsations per minute; cough and expectoration moderate, but the latter of a blackish-green colour, and looking like liquorice-juice. Percussion gave a dull sound at the right side of the base of the chest, posteriorly; in the lower third of the right lung no respiratory sound could be heard; but there was neither œgophony nor any symptom of effusion. Cupping to eight ounces, a large blister, and a diaphoretic mixture of tartarised antimony, &c., were ordered. During the succeeding three days the patient's condition appeared to be little altered; the cough became rather more frequent and the expectorated matters more abundant and of a darker colour; the pulse also diminished in frequency; but the patient complained of little beyond great thirst. Ordered a bark-mixture and pills of camphor, musk, and nitre. On the 11th the cough had become almost incessant, the breath was very offensive, and the expectorated matter had "*the smell of anatomical macerations.*" A striking contrast, often characteristic of the disease, was manifested in the absence of symptoms tending to alarm co-existent with the actual presence of a most dangerous morbid condition. The same medicines were persevered in. The pulse, next day, began to augment in frequency, though not in strength. On the 13th the cough was worse and accompanied with much dyspnœa, and at 5, p.m., the patient suddenly expired.

At the *autopsy*, made forty hours after death, the lower third of the right lung exhibited all the appearances present in the third stage of pneumonia. It was mostly reduced to a black muddy-looking mass, in the centre of which was a coagulum of blood as large as a cricket-ball. On removing this clot and filling the cavity with water, a number of blackish filaments, adherent at one end to its circumference, were observed stretching their free extremities into the fluid. A well marked line of demarcation existed between the diseased and the remaining portion of the lung; but most part of this organ was adherent to the pleura. Left lung healthy. One of the bronchial ganglia was filled with earthy concretions.

In both the cases above cited it is highly worthy of notice, that the patient complained of no pain or other inconvenience at all commensurate with the extent of the disease. An acquaintance with this apparent want of harmony between the true pathological condition and its outward manifestations ought to guard medical men, particularly young practitioners, against giving, in similar cases, a favourable prognosis, which will seldom be borne out by the ultimate result. —*Gazette des Hôpitaux.*

ON THE EFFECT OF THE

TER-CHLORIDE OF CARBON

IN

CANCER AND OTHER DISEASES.

By E. W. Tuson, Esq., F.R.S., Surgeon to the Middlesex Hospital.

To the Editor of The Lancet.

Sir,—For some time past my attention has been directed to the investigation and treatment of cancer and other malignant diseases, and several new remedies have been applied and given internally; as sufficient time has elapsed to prove the beneficial effect of one of these chemical preparations, I will not longer delay in making it known to the profession.

The ter-chloride of carbon was first introduced into the Middlesex Hospital, and employed as a medicinal remedy by me some time since. It was ordered as a local application for a patient suffering under cancer of the left breast; one drachm of the ter-chloride of carbon was mixed with a pint of water, linen rags were moistened in this lotion, and applied to the tumour. The effect was immediate relief from pain, and the fetor from the discharge was completely destroyed, the patient being comparatively comfortable. The ter-chloride of carbon was then prescribed as an internal remedy, one drop in water three times a-day. This dose was increased to two and then to three drops; the effect was sedative, producing sleep for twenty-four hours; the patient waking occasionally, it was discontinued, and on questioning her some days afterwards as to what sensation she felt in the tumour, her reply was, that she could only compare it to "an endeavour to roota tree out of the earth." After this the cancer sloughed, and considerable pieces came away; the surface left is irregular and excavated, having a healthy granulated appearance, which is hard, to a certain extent, round the surface. The patient uses the lotion once a-day by injecting it upon the surface; she suffers no pain, and expresses herself as feeling very well.

I next employed this remedy to a large and elevated cancer in the groin of a patient admitted under my care in Stafford's ward. It produced the same sedative effect, relieved the pain, produced sleep, and removed the fetor from the discharge. The patient sleeps almost constantly; suffers very little; he is taking three drops in water three times a-day, and using a lotion composed of two drachms of the ter chloride of carbon to a pint of water; within the last month the tumour has sloughed in parts. I noticed that after the application had been used for some time that there arose an areolar inflammatory action around the tumour, of an erysipelatous character; this extended in the first case to about two inches, in the other

case to four or five inches; the skin around was red, of a deeper colour towards the disease; when the finger was pressed upon this part it pitted, and a white mark was left for a second. As the redness round the disease increased, large veins became visible, passing in a radiated and tortuous direction from the disease to the surrounding healthy parts; the slough next took place, when all this appearance gradually diminished, and the surrounding parts became again in a healthy state, the skin assuming its natural colour. The same application was employed during these changes.

One curious and interesting fact may be noticed, which, I think, can be proved, —that this chemical preparation has some peculiar effect in cancerous patients, and in some suffering from other diseases, acting as a powerful sedative, but when it has been employed in some other cases it had no such sedative effect. It is not my intention here to enter into a lengthened detail on this subject, as I intend to do so on some future occasion; but I wish to point out in what cases this remedy may be employed advantageously, and where its use has proved beneficial.

In gangrena senilis its local application will be of the greatest service; its antiseptic property is here remarkable, for where it was used by a patient, the fetor being so great that we could hardly approach the bed, we can now examine the foot without inconvenience. Opium failed here to give relief, either in removing the pain or procuring sleep. This remedy, employed locally, had immediate effects in producing both.

In sloughing ulcers, also, its local application will prevent the slough extending, and greatly assist in its removal, rendering the parts beneath of a healthy character, and, in cases accompanied with much pain, will give immediate relief.

In uterine affections, carcinoma, scirrhus, ulcerated surfaces, with profuse discharge, its use as an injection has produced the greatest benefit: where all other medicines have failed this has frequently proved a valuable remedy.

In neuralgic affections its local and internal exhibition will be of the utmost service. In some cases of severe sickness, dependent upon nervous irritability, after the usual remedies have failed, this has been successful to a pre-eminent degree. It allays nervous irritability, removes anxiety of mind, invigorates and raises the spirits, and where patients have one day been in a state of complete misery, they have on the following one become happy and joyful from its effects.

The ter-chloride of carbon* is a clear transparent fluid, smelling strongly of chlorine, as its name implies; it consists of three parts of chlorine and one of carbon; the dose from one to four drops in water two or three times a-day; one to two drachms to a pint of water, as an injection or lotion. I have the honour to be, Sir, your obedient servant,

E. W. TUSON.

Russell-place, Fitzroy-square,
July 10, 1843.

*** It will give me pleasure to hear the result of the exhibition of this new remedy from any of the profession that may be inclined to employ it.

* Prepared by Mr. Garden, Oxford-street.

PATHOLOGY OF PHLEGMASIA DOLENS.

DIFFERENCES OF OPINION.

A DEBATE on this subject recently took place in the French Academy of Medicine, in the course of which MM. Breschet, Blandin, and Velpeau, announced their opinion that the disease was not invariably dependent on inflammation of the veins, but, in a great number of cases, on that of the lymphatics. M. Velpeau said, "According to my observation phlebitis is far from being the common cause of phlegmasia dolens; most frequently the disease commences by an inflammation of the deep lymphatics of the limb in which the œdema takes place." Both M. Blandin and M. Cloquet admitted that the disease was by no means confined to recently delivered women, but often appeared in men; and the latter gentleman, with MM. Moreau, Berard, and Gerardin, considered it to have its seat essentially in the cellular tissue of the limb affected. M. Andral attributed the more frequent occurrence of the disease in women solely to the greater liability of their sex to pelvic disease. "In certain cases of phlegmasia (he said) I have verified the cause to be inflammation of the lymphatics, but the œdema, when from such a cause, has been slight. When phlebitis is present, on the contrary, the œdema is considerable, and the pain acute. In the great majority of cases the painful engorgement is due to the obliteration of veins previously inflamed." These views have been made public in the "Experience" and the "Gazette des Hôpitaux." We believe that as long back as 1817 or 1818 the late Dr. D. Davis entertained the idea that the true pathology of phlegmasia dolens was inflammation and obliteration of the external iliac and femoral vein; we do not, however, find his claim to discovery alluded to, or even his name mentioned, in the reports of the above discussion.

UREA IN THE BLOOD.—Simon took the coagulum of the blood, in several instances, and procured from it an alcoholic extract of hæmato-globuline. By the addition of nitric acid to this, followed by drying under the air-pump, a crop of crystals was obtained, which turned out to be nitrate of urea.

CASES
SUCCESSFULLY TREATED WITH
SULPHATE OF QUININE.

BY
C. SEARLE, M.D., M.R.C.S.L., Bath.

ACUTE RHEUMATISM.

A HAIR-DRESSER, ætat. 56, I visited on the Saturday preceding the election which took place on the following Tuesday. I found him in bed, to which he had been confined for nearly a month, with acute rheumatism, which had attacked him on the day succeeding to one that he had spent in the amusement of fishing. One of the knees had been first attacked with swelling and pain, which was accompanied with much fever; the disease then migrated into the other knee, and attacked also one of the wrists. The swelling and pain were now confined to one of his wrists. He had been bled, purged, and abundantly sweated, and was now profusely perspiring, and much attenuated. I immediately ordered him to take two grains of quinine every four hours without intermission. This he took, with the effect that the next day he was better, and on the Tuesday was so much improved as to be capable of attending the poll and giving his vote as an elector. He continued the quinine after this twice a day, and took an occasional pill of calomel and aloes for the period of about a month, ever since which he has enjoyed health.

Another man I accidentally met limping about, by the aid of a stick, with a swollen knee. He was a butcher by trade, and told me that he had been for some time thus afflicted and incapable of work. Fever had accompanied the swollen knee in the primary attack. He had been twice in the hospital, on one occasion for ten and on the other for six weeks, during which time he had been salivated, leeched, blistered, used the baths, and had adopted many other remedies, but with only temporary benefit. I directed him to take three grains of quinine three times a day, and to use a liniment composed of one drachm of sulphuric acid and fifteen drachms of olive-oil to the knee night and morning, rubbing it well in for half an hour at each time. A fortnight after using these remedies, he had been so much benefited that he was not only capable of resuming his occupation, but declared that he was able to walk ten miles at a stretch.

A month since, I was requested to visit J. C., aged sixty; two months before he had been attacked with acute rheumatism. The local affection had during that time migrated from ankles to knees, and thence into his shoulders and wrists: he had during the greater part of this time been under professional treatment, and had used the thermal baths. He was, when I saw him, hobbling about with a stick, with his ankles swollen and shoulders painful; he had suffered by diarrhœa two days before, and appeared cold and languid. I directed him to improve his diet, and take a pill containing two grains of quinine and a third of a grain of opium, three times a day. Three days after, when I next visited him, I found him in bed perspiring freely. He had taken eight of the pills. His wrists were swollen and extremely painful, his pulse 120, and firm, his bowels confined, and his breathing a little oppressed. He was now bled to twenty ounces, and a grain of calomel with three of antimonial powder, in a pill, was directed to be taken every three hours, with a drachm of sulphate of magnesia in solution. The next day I found he had been freely purged, and had passed a better night. The pills were now directed to be continued every four hours, and a fourth part of the following mixture substituted for the sulphate of magnesia, and taken between each dose of the pills:—

℞ *Solution of acetate of ammonia*, three ounces;
Vinegar of colchicum, two drachms;
Tincture of opium, twenty minims;
Water, five ounces. Mix.

On the next day I found that he had passed an excellent night; the pain had quite left his wrists; his pulse 84, soft; his breathing free; in short, that he was convalescent. I now ordered him the pills of quinine, as in the first instance, with one of the pills of calomel and antimony every other night, and by help of these he soon completely recovered his strength.

SCARLATINA.

I was requested by a lady, twenty miles distant, to visit her family as soon as possible, as a son and daughter were dangerously ill with scarlet fever. I reached the place of her abode the same evening, when the son, I found, had died two hours before. The daughter, a delicate girl, aged seventeen, I found delirious in bed, with great difficulty of deglutition, a small irritable pulse at 120, and an excited skin. Leeches were then being applied to the temples, and powders of calomel and antimony being administered every two hours. The leeches I directed to be immediately removed, and sent for the medical attendant, on consultation with whom, on his arrival, as he declined any responsibility in the measures I thought it necessary to pursue, the cure was thrown altogether into my own hands. The patient's skin I had now sponged with tepid water, and the throat gargled, or rather mopped, occasionally with a large hair pencil, dipped in a mixture of strong chilly vinegar and honey, which produced a copious muculent salivation. Soon after this a grain of quinine, in solution, was administered, with a tablespoonful of port wine; and the same

was repeated every two hours throughout the night, and two or three spoonfuls of sago and wine between each dose. On the following morning the throat was much better, the fever had declined, and she expressed herself as feeling in every respect better. The remedies were continued, and in the evening all danger was at an end. After this she continued the quinine in doses of three or four grains during the day, and was up and well by the end of the week.

Another son and a servant of the same family were attacked the day after my arrival at the house, the disease being of epidemic prevalence in the town and for many miles around. They were both treated by an emetic in the first instance, followed up by a dose of calomel and jalap; and after the operation of this by a teaspoonful of bark-powder, with two tablespoonfuls of port wine, every two hours, with immediate convalescence; and this treatment becoming now general in the town, was very successfully pursued.

ERYSIPELAS.

An infant, fourteen months old, was attacked with erysipelas on the face, which extended down the neck to the chest, and down the arms to the finger-ends, the hands becoming œdematous. Calomel, antimony, and purgatives were freely administered for more than a week without permanent benefit; on the contrary, the disease was extending itself, and the child had become comatose. Under these circumstances half a grain of quinine was given every two hours, and a blister applied to the thigh. The amendment was almost immediate, and the child was two days after convalescent.

I have only to add, in conclusion, that the above are not a few choice cases selected from among many, in support of the opiniou I have previously advanced, that quinine is a remedy which of late years has been too much neglected in the treatment of these varieties of fever; but, as I am out of practice, these are, although few, the only cases of the kind with the treatment of which I have had anything to do.

June 10, 1843.

In Sub-Arachnoid Hæmorrhage false membranes never occur, but in intra-arachnoid hæmorrhage they are always found around the effused clot on the fourth or fifth day. Paralysis of motion rarely accompanies sub-arachnoid hæmorrhage, but commonly intra-arachnoid hæmorrhage; paralysis of sensation is rare in both kinds. Deviation of the mouth does not occur in these cases, but sleep and coma are almost constant symptoms. Delirium and fever accompany intra-arachnoid hæmorrhage alone, but from this disease the patient may recover; while sub-arachnoid hæmorrhage has been found constantly fatal within eight days.

ANODYNE POWER OF THE CYNARA.

To the Editor of The Lancet.

Sir,—On casually inquiring lately at one of the leading chemists and druggists in London, whether the *cynara* was often an ingredient in the prescriptions which were brought to his shop, I was much surprised to find that, with only one exception (which exception proved to be my own), he had never been called on to prepare it; and as I learned, still farther, from him, that he had experienced much difficulty in procuring it on the occasion just stated, the inference of its rarity in London practice was at once evinced. Having frequently prescribed the cynara with very decided success in rheumatic and neuralgic affections, and feeling satisfied, *if the preparation be good*, that it is very deserving of consideration, I venture, through your pages, to recommend it to your readers. I have prescribed it very frequently in private practice, as well as at the dispensary in this town, and have been convinced of its anodyne efficacy, even in some protracted and obstinate cases of sciatica, which had not been relieved by the ordinary remedies. I generally prescribe a combination of a drachm of its tincture with five grains of the extract, in a draught, three times a-day, varying the vehicle, and adding other remedies, according to the circumstances of the case; sometimes in *mist. guaiaci*, one ounce and a half, or *mist. camphoræ*; sometimes in combination with colchicum, and with or without a few drops of Battley's *liquor. opii sedativus*, or a solution of morphia. It possesses the advantage of having no deleterious or prejudicial effects on the system, and may be increased in its proportions, or duration, if the case require it. Several cases of gout have yielded so rapidly to its exhibition as to induce a belief in its specific power in the minds of those who have suffered from that complaint. It is not a new medicine; it is mentioned in Lewis's "Materia Medica," in Parr's, and in Hooper's "Medical Dictionary," and in other works, but is merely lauded there for its diuretic property, and said to derive its name "cinara," from κινίω (*moveo*), "quia movet urinam," an etymology as vague as it is unsatisfactory; others spell it "cynara," and derive it from κύων (*canis*), from the dog-toothed shape of its leaf. But this is of minor importance. Suffice it to say that it is universally known under the title of "artichoke." It is necessary that it be prepared quite fresh from the leaves, its efficacy apparently depending mainly on its freshness. I do not feel justified in giving public reference to those who have been cured by it, although I could furnish abundant instances; and Mr. Baker, a highly respctable chemist in Chelmsford, who prepares it himself, and has the very best qua-

lity, can bear testimony to the frequent application from different quarters for its supply. I am, Sir, your obedient servant,

J. C. BADELEY, M.D.

Chelmsford, July 4, 1843.

RARE PATHOLOGICAL CIRCUMSTANCE REMEDIED BY AN UNIQUE SURGICAL OPERATION.

A YOUNG lady, eighteen years of age, and of a sanguine temperament, was affected with a disease of the scalp that at first attracted no particular attention. It had first appeared (in an inflammatory shape) about her fifteenth year, but was at that period repressed by an especial attention to cleanliness. When about sixteen years of age, however, the patient began to find, that in combing her hair the comb was impeded by a fleshy ridge extending from one side of the head to the other, and which increased daily, till she was obliged to have a part of her hair cut off, being unable to comb it. She now consulted a surgeon, who states that all the scalp above a semi-circular line on either side, stretching from the occipital protuberance round to the parieto-frontal suture, was extensively hypertrophied. As felt above the ears, the scalp was thickened and soft, and pitted readily under the pressure of the finger; and the thickening and softening augmented towards the crown, where the skin seemed to be detached from the cranium, and had a convoluted aspect, its sulci being filled with a sebaceous secretion of a nauseous quality.

M. Robert, the surgeon who reports the case, proposed the operation of partial *scalping*, to which he proceeded on the 1st of October in last year. The head having been for the most part shaved, he began the incision about one inch and a half above the left mastoid process, directed his bistoury upwards and forwards across the parietal eminence to the sagittal suture, and then returned to the corresponding point on the opposite side of the head. The bistoury, without being removed, was now directed round the back of the head across the occipital bone, below its superior angle to the first point of departure, and all the tegumental structure comprised between these incisions was removed. The hæmorrhage was at first extremely abundant, but soon ceased on the application of cold lotions and the formation of a coagulum. The sides of the wound were approximated by a few sutures: charpie was the sole dressing employed. Twenty-four hours afterwards a violent febrile access took place, with headach, vomiting of bilious matters, fainting, &c., but vigorous bleeding was resorted to, and these symptoms gradually diminished; at the end of about a week the wound had entirely cicatrised. The mass removed was about eight inches in length, by three in breadth; in its thickest part it was seven inches thick. Hairs were but thinly scattered over it, but in no wise differed from the hairs on other parts of the scalp. At present we learn that the scalp of the patient is thicker than normally; but it everywhere adheres to the bone, and is nowhere particularly salient. — *Journal de Chirurgerie*, March.

EXTRACTION OF A LEATHERN CORD FROM THE BLADDER.

A NATIVE of Piedmont sometime since entered the Hôtel Dieu of Marseilles for stone, with which disease he had suffered for six months. Lithotrity was determined on; but on grasping the body within the bladder by the forceps, it was found to be quite soft and compressible, and the surgeon determined if possible to draw it entire through the urethra. Much resistance was met with in trying to pass the neck of the bladder, and again, when the body was brought to the meatus urinarius, it became wedged there so closely that the instrument which held it could be neither retracted nor pushed forward. At length, by some violence, a strip of leather, eight inches in length, was drawn out incrusted with calculous deposit. Abundant hæmaturia followed; and the frightened patient acknowledged that about nine months before he had laid one of his boot-laces in the urethra, then gone to sleep, and on awaking could no longer find his boot-lace. Cystitis afterwards came on, and the man died in three days. After death the bladder was found enormously distended, stretching upwards beyond the umbilicus, its coats thickened, its internal surface of a darkened colour, and five small calculi in its cavity. The mucous membrane of the urethra was throughout converted into a softened blackish mass, easily scraped off with a scalpel; the prepuce and integument covering the penis were much thickened and infiltrated with fluid.—*Journ. de Conn. Med. Prat.*

TENDINOUS REUNION.—M. Berard lately exhibited to the French Acad. of Med. a preparation of the tendo-Achillis, which had been divided six months previously, but had become united again by an intermediate substance of a character different from the tendo-Achillis itself, to both cut extremities of which it was, however, closely adherent. M. Berard finds that by dividing this tendon in the case of fracture of the fibula with dislocation of the foot outwards, this accident, otherwise so difficult of remedy, becomes easily repaired.

ALGIERS and its neighbourhood seems to possess a climate that is protective against consumption. For some time only 1 in 650 cases of disease in the army there was a case of phthisis, and but 1 death in 102 cases has usually occurred from the same disease.

DILATATION OF THE HEART AND AORTA, WITH CURIOUS DISEASED FORMATION OF THE AORTIC ARCH.

To the Editor of THE LANCET.

SIR,—Archibald Legget, aged 30, a labourer, died from disease of the heart on the 15th of June last. He suffered so much for a year previous to his death as to be unable to follow any employment whatever.

Autopsy.—Heart very much enlarged. Its circumference behind the auricles was fourteen inches and a half. The lowest aortic valve was tucked down, in its free edge, to nearly half its natural size, by which permanent patency existed. The aorta was enlarged and about double its usual size, and all vestige of the arch was gone. It was in a continuous line with the carotid arteries, although those vessels were not much if at all enlarged. excepting at their origin. The subclavians were not in the least enlarged. The aorta, at about half way between its origin and the giving off of the carotids, made a bend to the right, in the form of an obtuse pouch, in its right walls, of a quarter of an inch in depth. It was a mere dilatation of its coats, which were not thinner at that part. The pouch was in the direction of the diseased sigmoid valve, and from that valve being permanently contracted the force of the current of the blood would be directed against that side of the vessel, at that part, producing the dilatation. The left side of the vessel, opposite, was slightly bent towards its fellow. From the floor of the aorta, and beyond the centre of the pouch, where the current would be returning to the nearly straight line, and at about one-third from the giving off of the carotids, sprung the descending aorta, by a round aperture of much smaller dimensions than the portion of the vessel from which it originated. On quitting the ascending aorta, and instantly as it left its walls, it bulged out into a cone-like form, of a calibre that would hold a moderate sized Jargonelle pear, and very much of that shape, the apex pointing downwards. Its walls were thick, corrugated, and puckered, with two or three bands of itself standing inwards in bold relief. The aorta resumed its usual size, or was of rather a smaller size, where it was compressed by the heart.

The dilatation of the descending aorta would be produced by the regurgitation of the blood during the diastole of the enormously enlarged heart. The liver was much enlarged upwards. I am, Sir, your obedient servant,

W. HENDERSON, M.D.

Corstorphine, Edinburgh,
July 8, 1843.

MOVEABLE KIDNEY.

IN the "Medical and Physical Journal" for 1825 (vol. ii., p. 476) mention was made of certain cases of equivocal moveable tumours in the abdomen which had been taken for diseased ovary, but which Dr. Baillie suspected were due to an abnormal state of the kidney. He had not opportunities of verifying his suspicions by post-mortem examinations, but the correctness of his diagnosis has since been amply confirmed.

In 1826, M. Aberle published in the "Salzburg Gazette," a case of a man, thirty-six years of age, who, having long suffered disturbance of the digestive organs, began to remark a moveable tumour to the right of the umbilical region, which he could with ease remove so as to press against different parts of the abdominal parietes. The tumour gradually increased, the patient fell into a state of marasmus, and ultimately died. After death the spleen was found tuberculous; the pancreas hypertrophied; the right kidney healthy, but moveable, and capable of displacement with great facility, its vessels having become much lengthened, and its cellular envelope destitute of fat.

Since the above period M. Aberle has witnessed and recorded three other similar cases. One occurred in a woman, sixty-six years of age, who had died of apoplexy, and on opening whom a solid mass was found on the right side in front of the psoas muscle, which turned out to be the kidney, pushing downwards the ascending and part of the transverse colon. The second case was that of a lady, seventy-five years old, who had long perceived the presence of the tumour, which became more moveable after a sharp attack of dysentery. She, however, suffered little or nothing from it beyond some pain after fatiguing walks. The third case occurred after menstrual disorder; but the patient suffered little material inconvenience. In THE LANCET, Jan. 21st, 1837, (p. 587) an analogous case is reported by Mr. King. It is remarkable that in all these cases the anomaly has occurred on the right side, and mostly in women.—*Schmidt's Jahrbuch*, vol. xxxvii., p. 312.

LOUIS found tubercles in the small intestines of one third of the phthisical patients he examined; while of one hundred patients examined by Lombard, tubercles were found in the intestines of twenty-six; in the mesenteric glands of nineteen; in the cervical glands of seven; in the axillary glands and anterior mediastinum of three; in the arachnoid, spinal chord, pleura, intercostal muscles, and ovaries, of two; in the gall-bladder, liver, posterior mediastinum, vertebræ, ribs, omentum, uterus, bladder, cerebrum, cerebellum, medulla oblongata, and kidneys, of one.

DANGER
OF
COMPRESSION OF THE HEAD IN HYDROCEPHALUS.

M. Trousseau reports a case which signalises this danger in a decided manner. He was called in by a fellow practitioner to be consulted respecting an hydrocephalic infant about six months old, for whom the most efficient medicinal treatment had proved without avail. The head was as large as that of a child ten years old, and all its sutures widely separated. To remedy these conditions a bandage was applied compressing the head in every direction. In the language of the report, "all went on well for upwards of two months;" but on the approach of teething effusion within the ventricles rapidly increased, and the bandage was changed. The parents of the child were enjoined that they should apprise the medical attendants immediately on the occurrence of coma or convulsions (*accidents nerveux*). Coma, in fact, supervened, of the danger attending which, however, the parents took little heed, and the medical men were not apprised; and a few days afterwards a sudden flow of limpid fluid took place from the nostrils, the head as suddenly diminished in size, and the child instantly died. It would seem that the accumulated fluid being prevented by the bandage from distending the head further on its sides and summit, had burst through the lower parts of the brain, separated the bones at the base of the skull, and escaped by way of the æthmoid into the nares.—*L'Experience*, quoting the *Journal de Medecine*, April 1843.

*** It is remarked in the report that "the fatal event might have been avoided if the neglect of the parents had not disallowed of the surgeon's removing the bandage in order to apply another exerting less compression." But it is obvious that this is a very rash conjecture in favour of a plan so philosophically absurd as that of combating a vital action by purely mechanical means. The case affords a standing example of the folly of "pure" surgery.

Sulphate of Iron for Erysipelas.—M. Velpeau employs, as a local application in erysipelas, a solution of an ounce of sulphate of iron in a pint of water; or an ointment of two drachms of the sulphate to an ounce of lard. The salt must be reduced to a most impalpable powder before being mixed with the lard; it is then to be rubbed freely over, and a little beyond, the whole inflamed surface. When the solution is employed the skin is to be kept constantly moist. In twenty-four cases M. Velpeau says no one spot of inflammation resisted these means for more than two days.

THE LANCET.

London, Saturday, July 15, 1843.

Great difference of opinion has always existed as to the value of classical attainments to practitioners of medicine. The fellows of the London College of Physicians, formerly good scholars, however little distinguished in that way at present, used to carry their admiration of classical learning to a preposterous height. Provided a man could read the Greek physicians in their native tongue, they cared not for his ignorance of modern authors and the current practice of medicine. Extreme views often generate their perfect opposites, acting equally prejudicially to the progress of knowledge. In opposition to the ultra-classical doctors arose a sect of "practical men," who declared their inability to perceive any relation whatsoever between philology and the exercise of the healing art, asking, for instance, Whether we suppose that a knowledge of the derivation of the word *phthisis* will aid us to prevent the formation of tubercle, or to cure confirmed consumption? "Do you imagine," they would say, "that "the etymology of the term *endermic* has "any influence whatever on the effect of "tartar-emetic ointment rubbed into the "skin? Do you believe that the views of "Galen, relative to eruptive diseases, can "become a useful guide to you in the treat-"ment of small-pox or measles, diseases "which he never heard of?" These are styled "common-sense questions." Nevertheless they are nonsensically irrelevant to the point at issue. True, it would be ridiculous to deny that a medical man, however profound in Greek literature, who is ignorant of pathology and remedial means, is, for all professional purposes, a mere pedant. True it is that a "practical man" whose path is unillumined by the mellow light of classic antiquity, may exercise his art with great efficacy. But in estimating the utility of

any literary pursuit with reference to a science, or a practical art, three things should be considered,—First, how far that pursuit opens to the student sources of information in the science or art which he would not otherwise possess? Secondly, how far it promotes the communication or perpetuation of knowledge relating to such science or art? Thirdly, how far it may prepare the mind for the reception of the science in its fullest advantages, and the acute exercise of the art?

First. To what extent does a knowledge of the classical languages open sources of information on medicine which would not otherwise be possessed?

A small acquaintance with the writings of the Greek physicians may easily induce a thoughtful man to consider, and a more extensive perusal will certainly confirm the impression, that they contain the germs of the most important discoveries in modern physiology. The notion of the distinct functions of the motor and sensatory nerves is as old as ARETÆUS, and was fully propounded by GALEN. If the last-named physiologist failed to establish the fact on an accurate basis, that was merely because the state of science in his time rendered it impossible for him to do so; but the discovery of the distinct functions of the nerves referred to is unquestionably of Greek origin; and, without wishing to detract, in the smallest degree, from the merit of Sir C. BELL and others, to whom the modern discovery is attributed, we affirm that if the writings of GALEN had been generally familiar to the physiologists of the last century, this discovery must inevitably have been made many years before it actually was elicited. GALEN, again, was continually stumbling on the very threshold of the circulation, although those are in error who imagine that he did really discover that function. In our opinion GALEN knew no more of the real course of the blood than did the child unborn; but he was possessed of much knowledge that pointed directly towards the truth, and there is little doubt that had he lived at a more advanced period of science he would have actually arrived at the discovery of the circulation. Hence, there is also little doubt that had his writings been as generally familiar to physiologists as they ought to have been after the revival of letters, HARVEY would not have been the first to promulgate this fundamental doctrine of physiology. It is almost superfluous to add, that there are to be found in the writings of the Greeks not only the origin, but an ample development, of those humoral doctrines which, recently revived in an improved form, are likely to effect such extensive and beneficial alterations in medical theory and practice.

Secondly, how far does an acquaintance with the classical languages tend to promote the communication and perpetuation of medical science?

The Greek language, as constituting the most copious and appropriate of all sources of scientific terminology, is an essential means of communicating and transmitting the doctrines and facts, both of medicine and every other science. A student who is destitute of a knowledge of this superb language, finds himself overwhelmed, in medical literature, with sesquipedalic words to which he can attach no intrinsic meaning, and experiences, therefore, the utmost difficulty in associating the term with the thing signified; but if reasonably proficient in Greek, he at once, and without difficulty, connects them in his mind, and, in many instances, finds the term admirably indicative of the thing signified. For example; in pathology he finds that the term *hypertrophy* means a morbid augmentation of the natural substance of a part,—an increase in the quantity of the tissues which compose it, without alteration in the character of those tissues. If ignorant of Greek, what a time will pass before this is fixed in his mind, first learning, then forgetting, then relearning, and again forgetting the exact meaning of "hypertrophy!" But if he know that *ὑπερ* means *over and above*, and *τρεφω*, *I nourish*, he immediately connects the term with the

state of *over-nutrition*, which is precisely that intended to be designated, and the word thus not only is retained with facility, but serves as an accurate index to numerous pathological facts. Again; the student of comparative anatomy hears of an extinct animal called *ichthyosaurus*. If he be unacquainted with Greek, the name is speedily swept from his memory. But if he be aware that ιχθυς means *a fish*, and σαυρος *a lizard*, he remembers the term by its applicability to the fact which it denotes, and so not only retains with facility the term "ichthyosaurus," but knows also that the animal to which it is applied has an organisation in some respects intermediate between that of a fish and a lizard. It is needless to multiply instances.

With respect to Latin, that language is by far less essential to science in an etymological point of view; yet even in that light it possesses some importance. The only truly classical writer on medicine in the Latin language is CELSUS, yet the ability to peruse even his works in the original is valuable. Even the wretched compilations of SCRIBONIUS and MARCELLUS contain some things that are not altogether unworthy of notice in the Latin. However this may be, that language has long been, and, from its terseness and perspicuity, will probably long continue, to a certain extent, to be the common language of the learned throughout Europe, and surely it is a just object of ambition in our own profession to rank with the first classes in point of acquirements, both for the purpose of scientific communication and on the score of accomplishment.

Thirdly, how far does the study of the classical languages and literature prepare the mind for the reception of medical science, and the practice of the medical art?

This question does not admit of illustrations so strict as the two preceding, because it it is less particular in its bearings. But when we contemplate the serenity of mind that is inseparable from the worthy pursuit of classical antiquity, the calmness of intellect when reposing in the stillness of bygone ages, and communing with vast minds which worked, alike unaided by the knowledge and untinctured with the errors which since, though they have urged on, have also encumbered the progress of human thought, we must at once recognise the beneficial influence of such lore in preparing the mind for a lofty and generous pursuit. And such is medicine, despite the dishonour that is heaped upon it by ignorance, knavery, and narrow-mindedness—by the "heads of the profession," the tramplers on its rights, the misrepresenters of its character! The study of the classics has an influence on the mind that is highly favourable to the reception of universal science, and of medicine as a part of universal science. Although classical literature can generate no direct aptitude for the practice of an art, yet the acuteness and readiness of mind that are required for the philological exercises which are inseparable from the pursuit of that literature, are very serviceable towards ensuring proficiency in an art which calls such qualities into play, and, consequently, are favourable, in no small degree, to the practice of medicine, which, of all arts, demands the most vivid, various, and extemporaneous exercise of the mental powers.

THE MEDICAL SOCIETIES OF LONDON.

THE session of the metropolitan medical societies, 1842—3, has closed. Have they afforded any assistance to practitioners, or fairly advanced medical science? Our pages have contained copious accounts of the proceedings of the four principal societies, the Medico-Chirurgical, the London, the Westminster, and the Medico-Botanical. We take them in this order.

Objections have existed for a very long time with respect to the reading of the papers by the secretaries of the Medico-Chirurgical Society. During the last seven years one or two of those functionaries have taken so much interest in their labours as to peruse the papers previous to reading them before the society, and then have managed to give to the audience a tolerably correct account of what the authors have written.

But with this odd exception or two, what hesitations, stumblings, blunders, false punctuations, breakings-down, have there been! If they cannot read at sight, which most well-educated men can—for such are generally as well used to manuscript as to print—they should make a study of the papers at home, and there decipher the *puzzling* words. What a mess was made of the case of Mr. Brunel! A hundred people annoyed by the laziness or the incompetence of one! It reminded one of the account given by Tony Lumpkin of his circle-like journey with Mrs. Hardcastle, who supposed that instead of going "round" they were all the while going "forward." "I first took them down Feather-bed-lane, where we stuck fast in the mud; I then rattled them crack over the stones of Up-and-down-hill; I then introduced them to the gibbet on Heavy-tree-heath; and from that, with a circumbendibus, I fairly lodged them in a horse-pond at the bottom of the garden."

But if such threatens to be the fate of papers read before the Medico-Chirurgical Society, it may be asked, why are not the authors allowed to read their own productions at that assemblage. Joe Miller's parish clerk, when requested to write a letter, refused because he had a bad toe. And why on that account? Because as nobody could read the writing but himself, he should be sent for to decipher it, and then could not go. It is not improbable that some manuscripts sent to the society could be read only by the authors. There are, therefore, two good reasons—those of careless interpreters and bad penmen—in favour of directing the paper to be read by its producer.

The custom of keeping guests in an ante-room until the president has taken the chair, and has obtained the "permission" of members for their admission to the inner room, is still maintained. What is the policy of this uncourteous proceeding? Is it only a stupid *form*, or is it designed as a lowering distinction between hosts and guests? The practice, say its advocates, prevails at the Royal Society—a very bad model, copied in its meanest point. The custom has grown stale even there. A young girl who chose to wear a hoop or a farthingale merely because her grandmother did so, would forfeit her claims to regard as a member of a fresher and more healthy community. *Reason* there can be none, either for ante-room or hoop, unless it were such as the attendant at a coach-stand gave when asked why he was called "a waterman." "He did not know," was his reply, "excepting that it was because he opened coach doors."

The strictures of the press respecting mere talking at this society have been serviceable, were it only by managing to obtain the secession of two or three inveterate jabberers. Objections are raised by some to discussion altogether, on the ground that extempore opinions are seldom worth hearing. But a medical consultation itself is, or ought to be, a discussion, and must be extempore. That all speeches should be excellent is not to be expected, and there may be some life and excitement even in a dull harangue, at least in its consequences. It is a succession of heavy and useless addresses that render a discussion a nuisance. But the societies may depend upon it that they would speedily die if the members were always obliged to be listeners, and never allowed to express opinions on communications. The Medico-Chirurgical Society was perfectly cachectic when discussion was all but forbidden in it. Now it is vigorous and useful. As to the selection made of papers for publication in the "Transactions," it is not generally made with good judgment or impartiality. An universal opinion prevails that the case communicated last session by Mr. Liston, for instance, was rejected on unsound and illegitimate grounds.

We may add here that complaints have been frequently made during the session of the manner in which the new president has exercised the privileges of his office. Presidents should "always steer 'twixt the Scylla, Flattery, and the Charybdis, Fear," and in supervising discussions, lean to a liberal construction of the regulations. It was a good and well-managed contrivance of Sir Benjamin Brodie, when occupying the chair, to commence the discussion himself with some practical remarks on the case or paper before the society. This afforded an inducement to persons who really could add "something to the point," the effect of which was very useful.

The past session of the Medical Society of London has, on the whole, been extremely prosperous. Many new members have joined the society, and the papers and discussions have proved interesting and ani-

mated. Both have well deserved publication.

The Westminster Medical Society, also, has been encouraged in its career by a good session, though not very numerously attended, ascribable, perhaps, partly to some new and apparently essential regulations which were introduced for its government and permanent welfare, and partly to the present site of meeting, in the Strand, almost on the verge of Westminster, instead of in the centre; at any rate, far from the spot where the institution sprang into existence, and long maintained itself. Attempts are being made to remove the society to its old apartments in Sackville street. We repeat that the past session has been a most useful one, its papers not being surpassed, or hardly equalled, in practical value, by those of any other medical society in the metropolis.

One particular thing has all along characterised this society, which cannot be mentioned to the credit of its officers, *ci-devant*, but it should be once more brought to public notice. They have served, acquired a supposed distinction through the medium of the press and other means of notoriety, and then cut the society which could no longer feed their vanity. The circumstance shows the policy (if such gentlemen are worth keeping) of creating a nucleus in a society in the shape of *property*. The parties would be too selfish to cut *that*. Two or three honourable exceptions to this custom, it should be added, have existed.

The posts of secretary should not be permanently filled in this society any more than should the other offices. The committee keep on re-electing the same secretaries year after year, although other candidates, taking very proper advantage of its republican form of government, are ready and desirous to fill the places according to annual election. The fact should be borne in mind.

During the recent session many changes and improvements have been effected in the management of the Medico-Botanical Society. More vigilance and energy have been displayed by the officers, summaries of the progress of the medical sciences have been presented, and a series of interesting communications has been read at the meetings, the consequence being a much fuller attendance of members and visitors, several of the meetings having been very crowded. At the same time a correspondence has been opened with various parts of the continent, India, Ceylon, China, Canada, New Zealand, and Australia, in each of which countries working members have been appointed. The objects of the society comprise the improvement of the vegetable department of the materia medica by the introduction of new plants from abroad, possessing medicinal virtues, with which the profession are unacquainted; by improving the pharmaceutic preparations of those already known; and, especially, by directing attention to those indigenous plants which, from their qualities, may serve as succedaneas to expensive exotics. The objects of the society also embrace the mineral and animal kingdoms, as well as the botanical, so that its title might with propriety be that of the *Medico Pharmaceutical* Society. The change of name has long been contemplated, but it was feared that some interruption might thus be given to its foreign correspondence. One modification of its laws consists in the admission of gentlemen residing more than five miles from the General Post office, as country life members, on paying a (reduced) composition fee of five guineas.

Lectures on the Eruptive Fevers, delivered at St. Thomas's Hospital in January, 1843. By GEORGE GREGORY, M.D. London: Renshaw. 8vo, pp. 258.

(Second Notice. See p. 526.)

WE recur to this volume for the sake of making a few extracts on particular points. Dr. Gregory has turned, in his pages, the report of the registrar general of deaths to good account, bringing them to bear with much force upon the matter of the work. No stronger illustrations can be wanting to prove how interesting is the information which statistics are capable of affording to medical science, which, if it ever take rank among the exacter sciences, must—on whatever principles it be regulated—owe its new position to the effects of a close and rigid scrutiny of numbers.

Dr. Gregory has adopted the term *zymosis*, recently introduced by Mr. Farr, to designate the peculiar characteristic of a certain class of diseases. As this word saves much circumlocution, and may come into general use, we shall quote the passage that is explanatory of the object of the phrase:—

"From the earliest period at which the existence of morbid poisons became known, the analogy of vegetable fermentation has been adduced to explain their *modus operandi*. The doctrine of a fermentative process going on during the incubation of small-pox and measles was distinctly announced by Sydenham, Willis, Diemerbroeck, and Morton. Liebig has lately given increased interest to this portion of pathology by reviving the hypothesis of fermentation and investing it with a scientific character. 'The phenomena attending the transformation of organic vegetable compounds afford,' he says, 'not merely an analogy, but a correct explanation of the changes taking place in the animal economy

by the agency of morbid poisons.' Nothing, however, can be clearer than that in this notion, whether correct or not, Liebig is anticipated by Diemerbroeck, who flourished two hundred years ago:—'Out of an infected body,' says he, 'flow forth continual streams, which, being received by other bodies, presently ferment with the blood and excite the latent and homogeneous seeds of the same distemper, disposing them into the idea or character of the same disease.' Mr. Farr, in his fourth report, recently submitted to Parliament, proposes to call all those diseases which have the property of communicating their own action and effecting analogous transformations, 'zymotic diseases' (from *ζυμοω, to ferment*), and the action itself, *zymosis*. Zymotic diseases will comprehend all those now associated by the tedious periphrasis of epidemic, endemic, and contagious maladies. The terms appear to me to be judiciously chosen, and I shall employ them in these lectures. Zymosis, you will remember, is applied to a process of the *animal* economy; fermentation, to the mutual action of *vegetable* principles."—P. 24.

In speaking of the complications of variola, or the affections of internal organs arising during the course of that disease, Dr. Gregory mentions an interesting fact, which is not, we believe, generally known. It relates to the peculiar character of the effusion from serous membranes when attacked by inflammation during the course of small-pox. Under such circumstances the product of inflammation is not serum, neither is it lymph; but it is, necessarily as it would seem, and essentially, constituted of pus. Speaking of variolous pleurisy, he says that it is a peracute form of inflammation, remarkable for its sudden invasion, rapid progress, and *invariable termination by empyema*. A similar statement might, we believe, be made with regard to the other serous membranes of the peritoneum, the pericardium, &c. We have ourselves seen the latter membrane full of pus in a case of pericarditis supervening in the course of small-pox. Facts such as these suggest an interesting and important subject for investigation. If the complications of small-pox have a specific character, may not those of rubeola and scarlatina possess equally well-marked peculiarities?

Many points in relation to cow-pock are yet agitated. The storm of controversy, theoretical as well as practical, which arose immediately on the announcement of Jenner's discovery, had a few years ago subsided into a calm, but the recent researches of Mr. Ceeley have gone far to re-open the avenues to discussion. The experiments of that gentleman are differently interpreted by different practitioners. According to some they indubitably establish the identity of variola and vaccinia; according to others, they have no such result, but, taken in conjunction with other well-established facts, incontestably prove their non-identity. Dr. Gregory comes forward as the determined advocate of the latter theory. The doctrine of identity, he admits, is now very generally received throughout the country; yet he thinks that it has been hastily adopted. Having stated the well-known experiments of Mr. Ceeley and others, he thus proceeds:—

"I would rather deduce from these experiments and observations the conclusion at which Mr. Creaser, of Bath, arrived in January, 1801, viz., 'that a morbid poison applied to different animals produces, not a similar and specific disease, but the disease to which the animal, from constitution and structure, is predisposed. Equine matter, long humanised vaccine lymph, variolous matter, each, when applied to the vessels of the cow, develop vaccinia. The constitution of the cow converts the variolous and the equine miasm into the vaccine miasm, in the same way as the vaccine fluid is secreted under several forms of feverish excitement. Other facts might be mentioned which militate against the theory of identity. If, for instance, a child is inoculated for small-pox some days after exposure to casual infection, the diseases, locally and constitutionally excited, coalesce and unite in producing an effect on the body. But if a child be *vaccinated* some days after exposure to variolous infection, the two diseases do not coalese or hybridise. Each preserves its separate and specific character. In October, 1800, this actually happened at the Small-pox Hospital. A child, who had been exposed to the infection of small-pox was vaccinated. Both diseases advanced. A lancet, charged with lymph from the vaccine vesicle, produced cow-pox. Another lancet, charged with matter from a variolous pustule *formed within the vaccine areola*, communicated small-pox. On all these grounds I demur to the theory of identity, and hold that small-pox and cow-pox are antagonist affections; that cow-pox, instead of being, as Dr. Baron maintains, of a variolous, is, in fact, of an *anti-variolous* nature; that it alters and modifies the human constitution so as to render some individuals wholly, others partially and for a time, insusceptible of small-pox."—P. 206.

Whether the doctrine of identity, or, on the other hand, that of non-identity, be the

true one, either view may be considered to bring in its train difficulties that are hard to be surmounted. Dr. Gregory, on the one side, adduces those which militate most strongly against the former, and Dr. Baron (the biographer of Jenner) those which most powerfully oppose the latter view. Although truth must ever gain by free discussion, yet the question remains still undecided.

What is the precise degree of prophylactic power possessed by cow-pox?—a question which is now agitated quite as much out of the profession as in it. Every member of society feels personally interested in the matter, for it is not a point of mere speculative or abstract import. It comes home to every breast. "I have been vaccinated. Am I, then, secure from small-pox? Is the fondly-cherished notion of security well founded, or are the anticipations and promises of Jenner and his followers illusory? That vaccination does not afford the permanent immunity accumulating experience abundantly testifies. In the year 1809 Mr. Brown, of Musselburgh, broached the opinion that the anti-variolous power of vaccination diminished as the distance from the period of vaccination increased. His statements, however, were vague, and at the time of their publication made no impression on the public mind. The epidemic small-pox of Scotland, in 1818-19; that of Sweden, in 1824; of London, in 1825; of France, in 1826-27; and of the north of Italy, in 1829, afforded, however, convincing proof of the truth of his opinion. In each of these epidemics many vaccinated persons passed through a mild and modified form of small-pox. The German states became in consequence alarmed, and much distrust of the protective powers of cow-pox began to be felt. To impart additional security the plan of revaccination was now resorted to. It commenced in 1829, in the royal armies of Wirtemberg, and was successively adopted in those of Prussia, Denmark, and Baden. Revaccination constitutes a most important era in the history of cow-pox; its necessity can no longer be denied, and the only question for determination is the periods at which it should be adopted.

"The interval (says Dr. Gregory) between the primary vaccination and the attack of small-pox has fluctuated, in most instances, between seven and thirty years. By far the larger proportion of cases consists of adults in the vigour of life. The following table exhibits the ages of those who were admitted into the Small-pox Hospital having small-pox after vaccination, during the epidemic of 1838:—

"*Ages of those admitted into the Small-pox Hospital in* 1838, *having Small-pox after Vaccination.*

Ages.	Admissions.	Deaths.
Under 5 years of age....	0	0
From 5 to 9 inclusive ...	5	0
10 to 14	25	0
15 to 19	90	6
20 to 24.....	106	16
25 to 30.....	55	8
31 to 35.....	13	1
Above 35 years of age	4	0
Total.....	298	31

"From these it will be seen that between the ages of twenty and twenty-five the disposition in the vaccinated to take small-pox is at its maximum.

"We may compare these results with those derived from the experience of continental physicians. The writings of Dr. Heim (of Ludwigsburg), and of Dr. Möhl (of Copenhagen), furnish us with the required details:—

"*Table exhibiting the Ages of Persons attacked by Small-pox, after Vaccination, in Wirtemberg and Denmark.*

Ages.	Wirtem. Dr. Heim.	Den. Dr. Möhl
From 1 to 5 years inclusive	40....	14
6 to 10.....	68....	102
11 to 15	186....	173
16 to 20	275....	187
21 to 25	239....	156
26 to 30	172....	19
31 to 35	75....	2
Total	1055	653

"These tables correspond so closely with each other, and with the experience of the Small-pox Hospital, already given, that you may rest assured they indicate some law of the animal economy. In each instance you perceive the maximum of cases occurs at the period which immediately follows puberty. It is, therefore, rendered more than probable that some modification of the system takes place at that eventful epoch of human life which lessens the protective power that vaccination had previously exerted. I have already made you acquainted with the fact, that in very early times an impression prevailed that the protective power of cow-pox did deteriorate in the course of time, and that Jenner was very unwilling to give credit to it. It is a matter of general notoriety that small-pox is very seldom taken by vaccinated children who are under the age of eight years. In the course of a long experience at the Small-pox Hospital I have never seen more than three or four instances of

such an occurrence. The protective power of cow-pox may, therefore, for all practical purposes be considered as *complete* for that period, but we are compelled to confess that later in life it diminishes in a certain proportion of cases. What the *exact* proportion is never has been ascertained, and for very obvious reasons never can be known, or even guessed at. But though this is impossible there seems no reason why we should not attempt to ascertain the laws which affect and limit the resistance to the variolous virus which cow-pox displays in so many instances, and so remarkably in infantile life. I have mentioned puberty as a disturbing cause. I have no doubt that others exist of equal, perhaps superior, efficacy. Among them may be mentioned change of climate, which appears to have a very marked influence, sufficient to induce us to recommend the revaccination of all young people going to, or returning from, India. A severe fever, in like manner, may so alter and modify the general mass of fluids as to open a door to the variolous effluvium. Importance should be attached also to the epidemic constitution of the season. It is certain that persons who, under common circumstances, have, through the agency of the cow-pox, resisted the variolous miasm, succumb to it under epidemic diffusive visitation. To pursue these speculations would lead us out of our course; I recommend them, however, to your future study, from a firm conviction that a knowledge of the laws which *limit* the powers of cow-pox will improve pathology far more than a blind adherence to the doctrine of its unvarying prophylactic virtue."—P. 215.

The volume from which we have thus quoted will probably obtain many readers of its whole contents.

BRITISH MEDICAL ASSOCIATION.

EXETER HALL, *July 4th*, 1843.

MEDICAL REFORM. MEDICAL OFFICERS OF UNIONS.

A DISCUSSION this evening took place (Dr. Webster, president, in the chair), on the subject of medical reform, the council having heard that Sir James Graham was disposed to advise the Queen to grant charters to both colleges, which the council believed would be highly injurious to the interests of the medical profession. It was, therefore, resolved,—

First. That a member be requested to inquire in the House of Commons if it be the intention of Government to grant charters to the existing Colleges of Physicians and Surgeons, and that a communication be addressed, by the president, to the Secretary of State for the Home Department, on the same subject.

Secondly. That it is highly desirable that the profession, at this critical period, should forward to her Majesty the Queen addresses praying that she will be graciously pleased not to grant any charters to either of the colleges until the whole subject of medical reform has been duly considered in Parliament.

Thirdly. That the attention of the Medical Associations be specially called to the foregoing resolutions, and to the present peculiar state of medical affairs. and that copies of the resolutions be forwarded to the secretaries of the different associations.

In consequence of some communications relative to the late order of the poor-law commissioners, it was resolved,—

That all those medical officers who may feel themselves aggrieved by the proceedings taken in connection with the late general medical order of the poor-law commissioners, be hereby invited to forward particulars of their cases to the secretary of the British Medical Association, Exeter-Hall, in order that active measures may be taken for the removal of the grievances.

The president announced, in the absence of the secretary, that the petitions agreed to at the last half-yearly general meeting of the association, praying for medical reform, and that no charters should be granted at present to the two colleges had been duly presented to her Majesty by Sir James Graham, to the Lords by the Right Honourable Lord Campbell, and to the Commons by H. G. Ward, Esq., M.P.

After the election of Dr. Lander, of Sloane-street, Chelsea, as a member, the meeting was adjourned.

PROCEEDINGS OF THE APOTHECARIES' COMPANY.

To the Editor of THE LANCET.

SIR,—While the various great national questions which have so long occupied the public mind continue to absorb the attention of the Legislature, that partial one of medical reform will remain, for a very considerable time at least, a mere notion of right entertained by the medical profession. In the meantime, highly satisfactory will it be to the members of the healing art if, from the just and efficient action of corporations already existing, our reforming brethren are deprived of much of their often-affirmed reason for alteration.

It is with much pleasure, then, that I refer to the powers of the Master and Wardens of the Apothecaries' Company—a company, to the regulations of which the present generation of medical practitioners is perhaps more indebted, as having diffused, if not actually advanced, scientific medicine, than to any other corporate body. But by a persisting exercise of their authority they

have very recently, in this county, obtained a judgment against a Mr. Jewel, as practising without their licence (who, in default of payment of the penalties incurred, is now in our county prison), a proceeding which cannot but be satisfactory to any member of the profession, whether he regards the principal object of their stringent act—that of protection to the public—or entertains a desire for the guardianship of his own dearly-purchased rights. Let but the Company of Apothecaries' unflinchingly and faithfully exercise that function established by the Legislature, and they will at once secure many desirable effects. They will be really serving the public in a most important trust. They will produce in the feelings of the profession a true respect for their authority, leading to regular education, and they will disarm the medical reformer of much of his motive for innovation, either as a student in science or as properly requiring an efficient protection. I am, Sir, your obedient servant,

A Member of the Cornwall Medical Association.

July, 1843.

*** We do not ourselves advise the Apothecaries' Company to enforce the powers of the Act of 1815 on any such ground as the latter of the two above urged. Even were those powers pressed to the uttermost, the ill-governed profession would still abound in grievances which demand rectification by the Legislature. Medical reformers would not be "disarmed" by the Apothecaries' Company successfully prosecuting all persons who illegally practise medicine as *apothecaries*, and the company can do nothing more. Are the grievances of the *surgeons* nothing, of the *physicians* nothing? Is it not the great complaint that the whole profession is not represented in or by any one of all the incorporated and chartered medical institutions in the three countries? "Innovation," is a strange name to give in 1843 to the demands which the profession is pressing on Parliament with almost unanimous voice. Our correspondent, on reflection, would, we are sure, have amended the term.

NEWS OF THE WEEK.

The College of Physicians has lately replenished its bankrupt coffers by electing the following gentlemen to the fellowship:—Dr. John Webster, Dr. Arthur Farre, Dr. Stolterforth, of Dover, and Dr. Sayer.

Dr. Greenhill, of Oxford, is appointed by the Sydenham Society to edite the forthcoming works of Sydenham.

There was a meeting of council of the Sydenham Society on Monday last; several new members were elected, and a variety of other business transacted.

Mr. C. Brooke, M.B., Cantab., has been elected lecturer on natural philosophy at University College. We understand that it is the intention of the lecturer to introduce into his course in the ensuing session some lectures which will illustrate the especial application of physics to medical science.

Dr. Basham is virtually elected physician to the Westminster Hospital, for although Drs. Clendinning and Cursham were proposed as candidates with an ulterior view of succeeding to some future appointment on a vacancy, they decline any contest on the present occasion.

At the board-room of the Westminster Hospital on Tuesday Mr. Guthrie, according to notice given at the previous meeting, proposed that a committee should be appointed, consisting of the medical officers, the treasurer, and five lay governors, to inquire into the present system of attendance at the hospital, and to report thereon to the general board, with the view of making such alterations as were desirable for the welfare of the patients and the general benefit of the hospital. Among other things which he was desirous of seeing altered was the mode of attendance of the medical staff; he thought that each physician and surgeon should regularly attend three days in every week, and that all patients should be admitted by the surgeon or physician himself, who should sit regularly to examine all persons requesting admission, as had been done many years ago at the hospital. At present the patients for admission were selected by the clinical clerk or house-surgeon, who were not likely to be judges of the proper cases. He also thought that all out-patients should be regularly seen by the physicians or surgeons at some hour which might be convenient to them. In addition to this he wished a law to be passed to enable the medical officers not to be dependent on the will of the relatives of a deceased patient for liberty to inspect the body; and further, he wished to do away with the medical committee. He had long been desirous of bringing forward some such propositions as these, but his connection with the hospital had prevented him; as he was no longer surgeon to the institution he had taken the earliest opportunity of doing so. He disclaimed any personal motives, and wished to benefit the hospital only.

A long conversation followed Mr. Guthrie's speech.—Dr. Hamilton Roe denied that during the last seventeen years the physicians or surgeons had ever sat together to admit out-patients. He invariably now put his initials to the letters of those patients who were selected by the junior medical officers. He thought the plan of the physician and surgeon sitting together would be inconvenient, as there might be a squabble between them as to whether the case were medical or

surgical.—Mr. WHITE looked upon Mr. Guthrie's motion as an attack upon himself, and an endeavour to push him out of the hospital. After forty years' service this was too bad. He had, from ill-health, been occasionally unable to attend to his duties, but he now might say, "Richard is himself again!" He was in excellent health, and would continue his duties, but would not be trammelled down by any such regulations as those which Mr. Guthrie proposed.—Mr. CHEESE believed that the house-committee could not entertain Mr. Guthrie's motion. It was out of their province. He would never consent to any law which would enable the medical officers to open the bodies of deceased patients without the permission of their friends; he regretted any disagreement between the senior surgeon and Mr. Guthrie.—General LAMBERT was opposed to all change unless absolutely necessary. If the present rules were carried out properly the hospital would go on well. He regretted lately to have heard Mr. Guthrie say that the Westminster Hospital was the worst managed hospital in London regarding its medical officers, particularly when Mr. Guthrie himself was one of them. He attributed Mr. Guthrie's motion to an overweening desire to "push forward his bantling." Some other conversation took place by way of explanation, in which Mr. Guthrie declared he had no object in view but the good of the institution. That he respected Mr. White and did not wish his removal, and had informed him in writing that he would willingly do duty for him when he could not attend.—(Mr. WHITE: I only got that writing last night.)—He had done his duty, and did not care. He hoped as the medical officers said that now all was harmony there would be no such disagreeable squabbling among them as there had been for four or five years past. The chairman decided that Mr. Guthrie's motion could not be entertained.

DIED on Sunday, in Paris, aged 88, Dr. Hahnemann, the founder of the delusion called homœopathy. He was born in 1755, at Meissen, of poor parents, and owed his education to great aptitude for learning. He was received doctor in physic at Heidelberg in 1781, and in 1790 discovered the new system, which he afterwards designated homœopathy. He continued until 1800 his experiments and researches on his new system, and then published the results of his labours, under the title of "Matière Medicale Pure." He also published nearly two hundred dissertations on different medical subjects; and he did all this whilst occupied with patients, which took up from ten to twelve hours a day. It is to be regretted that so much perseverance and industry were not expended in a more useful manner.

THE annual meeting of the YORKSHIRE BRANCH of the Provincal Medical and Surgical Association has recently been held at York. Twenty-seven members were present, seventeen of them being residents in that city. The occasion does not, therefore, appear to have been very magnetic in its interest beyond York. Dr. Simpson was in the chair. The report expressed a hope that the approaching visit of the parent association (with its "great designs") to Leeds would give a new impetus to the branch, which at present consists of 102 members. It was also announced that the East-York Branch had, at a general meeting of its members, declined to unite with its fellow, which the council of the latter greatly regretted. The reporters, in the course of their paper, stated, "The reform of the medical profession had also engaged the attention of the council, but they did not consider it expedient to adopt any measure, either by petition to the Houses of Parliament or by memorial to her Majesty's ministers, until they were in full possession of the contemplated scheme of reform." It was stated that the attempt to enlarge the "benevolent fund" of the association had, as yet, failed. Several medical papers were then read, and the meeting separated.

Of 848 deaths happening within the mortality bills of the metropolis during the week ending July 1st, ult., 237 resulted from diseases of the lungs, &c.; 170 from epidemic and contagious diseases; 146 from those of the brain and nervous system; 65 from diseases of the organs of digestion; 54 from natural decay; 29 from dropsy; 35 from typhus; 52 from hooping-cough; 32 from scarlatina; 23 from measles; and 4 from small-pox. The total number of deaths was exactly the same as in the week ending June 10th, and quoted by us in our number for July 1st (ante, p. 487), to which readers may refer to draw a comparison in some particulars. In the week ending July 1st, the deaths from nearly every class of diseases were below the weekly average, except deaths obviously from diseases of the abdominal and thoracic viscera.

ROYAL COLLEGE OF SURGEONS.

LIST of gentlemen admitted members on Friday, July 7, 1843:—S. B. Denton, L. M. Goddard, T. Hunter, J. Fixott, G. Hammond, R. Culling, W. H. Hire, W. Atkin, E. C. Gibson, J. P. Symes, J. F. Grace, J. Robertson.

In our announcement of prizes at the Manchester School it was accidentally omitted to be stated that Mr. William Millett Goodlad gained the third anatomical prize in the class of Mr. Turner.

ERRATUM.—In our article on Madeira, in the last LANCET, page 525, line 14, for "Dr. Hawkins," read *Dr. Heineken.*